


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90104 031 ****61.25

DOCUMENT # N23088 1. Entity Name LEESBURG BOATING CLUB, INC.	
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Principal Place of Business P O BOX 491043 LEESBURG FL 34749-8043 US	Mailing Address P O BOX 491043 LEESBURG FL 34749-8043 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2328353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent DUNK, MILLIE 1548 NORMANDY WAY LEESBURG FL 34748

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BODEN, HEINZ STREET ADDRESS: 1097 PLAM HARBOR DR. CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: ENGEL, WILLIAM L STREET ADDRESS: 108 SEA FERN DR CITY-ST-ZIP: LEESBURG FL 34788	<input type="checkbox"/> Delete
TITLE: D NAME: PLUMER, EDWARD STREET ADDRESS: 169 CROWN DR. CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: BEEVER, ALLEN B STREET ADDRESS: 170 BOUGAINVILLES DR CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: AITON, DORIS STREET ADDRESS: 1107 HAZELNUT DR. CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: RUNYAN, KATHLEEN STREET ADDRESS: 14 AZALEA TRAIL CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HALL, LLOYD STREET ADDRESS: 27 SUNRISE LN CITY-ST-ZIP: FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HUGHES MORRIS STREET ADDRESS: 5437 ROSEWALL CIRCLE CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WEDDLE, DORIS STREET ADDRESS: 1414 LAKEVIEW AVE. CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BEEVER, BETTY STREET ADDRESS: 170 BOUGAINVILLEA DR CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morris Hughes MORRIS HUGHES, TREASURER 4/1/05 352-728-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #