


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

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002204	
1. Entity Name M.A.D. D.A.D.S. OF GREATER LEESBURG, INC.	

Principal Place of Business 107 W MAIN ST SUITE A TAVARES FL 32778 US	Mailing Address P.O. BOX 493921 LEESBURG FL 34749
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3323263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
JOHNSON, CHARLES D 907 WEBSTER STREET 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME SMITH, JESSIE L	TITLE	NAME
STREET ADDRESS P.O. BOX 492028	CITY - ST - ZIP LEESBURG FL 34749	STREET ADDRESS	CITY - ST - ZIP
TITLE D	NAME MITCHELL, RUBY	TITLE	NAME
STREET ADDRESS P.O. BOX 491033	CITY - ST - ZIP LEESBURG FL 34749	STREET ADDRESS	CITY - ST - ZIP
TITLE T	NAME JOHNSON, LESLIE	TITLE	NAME
STREET ADDRESS 1070 TUSKEGEE ST	CITY - ST - ZIP LEESBURG FL 34748	STREET ADDRESS	CITY - ST - ZIP
TITLE VP	NAME WILLIAMS, THEODIS	TITLE	NAME
STREET ADDRESS 6720 N FERN CIRCLE	CITY - ST - ZIP LEESBURG FL 34749	STREET ADDRESS	CITY - ST - ZIP
TITLE D	NAME TURNER, MARY	TITLE	NAME
STREET ADDRESS 1108 CROSBY STREET	CITY - ST - ZIP LEESBURG FL 34748	STREET ADDRESS	CITY - ST - ZIP
TITLE SD	NAME RUSSELL, JUANITA	TITLE	NAME
STREET ADDRESS 1214 PAMELA ST	CITY - ST - ZIP LEESBURG FL 34748	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jessie L. Smith* **JESSIE L. SMITH** **2-14-05** **352 408 6049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #