2004 FOR PROFIT CORPORATION

Apr 09, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000032309 1. Entity Name LEEANNE, INC. Principal Place of Business Mailing Address 3207 W. BAY TO BAY 3207 W. BAY TO BAY TAMPA, FL 33629 TAMPA, FL 33629 CR2E034 (10/03) 03012004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3636317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, LEEANNE DO NOT WRITE **3207 W. BAY TO BAY TAMPA, FL 33629** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ANDERSON, LEEANNE NAME STREET ADDRESS 3207 W. BAY TO BAY 000000107594 04/0<mark>9/04</mark>-80020-024 **150.00** TAMPA, FL 33629 CITY-ST-ZIP 3.mr NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 607, 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.

Underson

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)831-1600

FILED