

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90107 028 \*\*\*150.00

**DOCUMENT # P00000092543**

1. Entity Name  
**LEESBURG CONSULTING ASSOCIATES, INC.**



Principal Place of Business  
**2861 - BARBOZA DRIVE  
THE VILLAGES, FL 33162**

Mailing Address  
**2861 - BARBOZA DRIVE  
THE VILLAGES, FL 33162**

24043913



**DO NOT WRITE IN THIS SPACE**

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3689799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VON DOLLEN, JAMES  
2861 - BARBOZA DRIVE  
LADY LAKE, FL 32159**

**DO NOT WRITE  
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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
VON DOLLEN, JAMES  
2861 - BARBOZA DRIVE  
LADY LAKE, FL 32159**

TITLE  
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IN THIS SPACE**

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 prepare 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 change empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #