


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000023470
 1. Entity Name
LEASURE WORLD OUTDOOR FURNITURE AND MORE, INC.



Principal Place of Business: **3255 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884**
 Mailing Address: **3255 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3708124** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
MCHUGH, DONALD J
3255 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

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: *Donald J. McHugh* DATE: **2/27/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEES \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	D
NAME: MCHUGH, DONALD J	
STREET ADDRESS: 3255 CYPRESS GARDENS ROAD	
CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: <input type="checkbox"/> Delete	D
NAME: MCHUGH, ROBIN J	
STREET ADDRESS: 3255 CYPRESS GARDENS ROAD	
CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

U00000453927
03/14/06-30041-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald J. McHugh*