

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073527

FILED
Apr 22, 2005
Secretary of State

Entity Name: LEISURE PRODUCTS GROUP, INC.

Current Principal Place of Business:

1004 S HIGHWAY 17-92
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1004 S HIGHWAY 17-92
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 65-1124756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROPER, MARSHALL
1442 S LAKE MIRROR DR NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

ROPER, MARSHALL
220 SWEET GUM WAY
LONGWOOD, FL 32779 US

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.

SIGNATURE:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROPER, MARSHALL
Address: 1442 S LAKE MIRROR DR NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: TODD-ROPER, CHERI
Address: 1442 S LAKE MIRROR DR NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROPER, MARSHALL
Address: 220 SWEET GUM WAY
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: TODD-ROPER, CHERI
Address: 220 SWEET GUM WAY
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERI TODD-ROPER

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date