


FILED  
Apr 28, 2005 8:00 am  
Secretary of State

04-28-2005 90186 008 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000091179			
1. Entity Name LISA'S LEISURE TIME, INC.			
Principal Place of Business 12999 ODESAA TRAIL APT. 10 WELLINGTON, FL 33414		Mailing Address 12999 ODESAA TRAIL APT. 10 WELLINGTON, FL 33414	
2. Principal Place of Business 2426 OSWEGO AVE Suite, Apt. #, etc.		3. Mailing Address 2426 OSWEGO AVE Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33409		City & State WEST PALM BEACH, FL Zip 33409	
4. FEI Number 65-1141688		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent WEISE, LISA L 12999 ODESAA TRAIL APT. 10 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2426 Oswego Ave City West Palm Beach FL Zip Code 33409	
6. 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 _____ Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEISE, LISA L 12999 ODESAA TRAIL APT. 10 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2426 OSWEGO AVE WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Lisa L. Weise</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-25-05</u> Daytime Phone # _____	