## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000017468

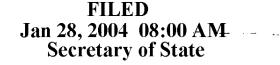
1. Entity Name

LEADING EDGE REAL ESTATE MAINTENANCE AND REPAIR, INC.

\_\_\_\_\_

Principal Place of Business 1524 18TH AVE NORTH ST PETERSBURG, FL 33704 Mailing Address

1524 18TH AVE NORTH ST PETERSBURG, FL 33704





DO NOT WRITE IN THIS SPACE

01112004 No Chg-P CR2E034 (10/03)

4. FFI Number | Applied For

4. FEI Number 04-3601948

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent
VAYNE E

SNYDER, WAYNE E 1524 18TH AVE N SAINT PETERSBURG, FL 33704

DO	NOT	WRITE
IN	THIS	SPACE

8. The above the obligat	named entity submits this statement for the pions of registored agent.	urpose of changing its register	red office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and life if	applicable (NOTE Register	ad Agent signature	required when reinstating)	DATE
FILE NOWIII FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SNYDER, WAYNE E 1524 18TH AVE NORTH ST PETERSBURG, FL 33704				U00000018829 01/29/04-80002-014 150.00
TIBLE NAME STREET ABDRESS CITY-ST-ZIP					U1/29/04-80U02-U14 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STRIET ADDRESS CRY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP				ala men	·
TITLE NAME STREET ADDRESS CITY- ST-ZIP					·

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 truptoe 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 others like empowered.

SIGNATURE: \_

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/22/04

Daytime Phone #