
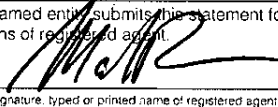
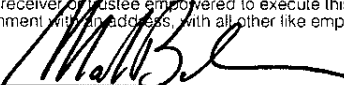


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90060 024 ***150.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P03000021679 1. Entity Name LELAND COMPANIES, INC. | |  | |
| Principal Place of Business 7588 DOUBLETION DR DELRAY BEACH, FL 33446 PB | | Mailing Address 7588 DOUBLETION DR DELRAY BEACH, FL 33446 PB | |
| 2. Principal Place of Business 4146 N. Concord Drive Suite, Apt. #, etc. | | 3. Mailing Address 4146 N. Concord Dr. Suite, Apt. #, etc. | |
| City & State Crystal River | | City & State Crystal River | |
| Zip 34428 | Country Citrus | Zip 34428 | Country Citrus |
| 4. FEI Number 42-1579339 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAKER, MARK L 7588 DOUBLETION DRIVE DELRAY BEACH, FL 33446 | | 7. Name and Address of New Registered Agent Name BAKER, MARK L Street Address (P.O. Box Number is Not Acceptable) 4146 N. Concord Drive City Crystal River FL Zip Code 34428 | |
| 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  | | | |
| 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, 2004 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 P NAME BAKER, MARK L STREET ADDRESS 7588 DOUBLETION DR CITY-ST-ZIP DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | TITLE P NAME BAKER, MARK L STREET ADDRESS 4146 N. Concord Dr. CITY-ST-ZIP Crystal River, FL 34428 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SEC. NAME BAKER, HJ STREET ADDRESS 7588 DOUBLETION DR CITY-ST-ZIP DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | TITLE SEC NAME BAKER HJ STREET ADDRESS 4146 N. Concord Dr. CITY-ST-ZIP Crystal River, FL 34428 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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:  | | 01/18/04 934-471-5726 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |