

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90232 004 \*\*\*150.00

<b>DOCUMENT # P03000023584</b>					
<b>1. Entity Name</b> LEAPS & BOUNDS HOME THERAPY SERVICES, INC.					
<b>Principal Place of Business</b> 14810 RUE DE BAYONNE CLEARWATER, FL 33762			<b>Mailing Address</b> 14810 RUE DE BAYONNE CLEARWATER, FL 33762		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 54-2098700	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DROSTE, AMY 14810 RUE DE BAYONNE CLEARWATER, FL 33762			<b>7. Name and Address of New Registered Agent</b> Name: COHRS, DENIS A. Street Address (P.O. Box Number is Not Acceptable): 2575 ULMERTON ROAD SUITE 210 City: CLEARWATER FL Zip Code: 33762		
<b>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 a registered agent.</b> SIGNATURE: <i>(Signature of Amy Droste)</i> <b>same as in 7.</b> DATE: <b>April 25, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <b>Amy Droste CEO</b> <input type="checkbox"/> Delete NAME: <b>14810 Rue De Bayonne # 7E</b> STREET ADDRESS: <b>Clearwater, FL 33762</b> <b>ERRATA</b> CITY-ST-ZIP:			TITLE: <b>Amy Droste P, V, T, S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>14810 Rue De Bayonne # 7E</b> STREET ADDRESS: <b>Clearwater, FL 33762</b> CITY-ST-ZIP:		
NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP:			NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
<b>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.</b> SIGNATURE: <i>(Signature of Amy Droste)</i> DATE: <b>April 25, 2004</b> 727 432-3572 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

COMPLETE