

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2005 90068 038 ***100.00
04-28-2005 90172 043 ****58.75

DOCUMENT # P03000044714			
1. Entity Name LEESBURG REAL ESTATE ENTERPRISES, INC.			
Principal Place of Business 900 RT 468 LEESBURG, FL 34749		Mailing Address 900 RT 468 LEESBURG, FL 34749	
2. Principal Place of Business 900 S.R. 468		3. Mailing Address 900 SR 468	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Leesburg FL		City & State Leesburg FL	
Zip 34749		Country	
4. FEI Number 04-3753554		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, ABDELMAGED M 6600 FOURTH STREET NORTH #101 ST PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name: Khalid Hymore Street Address (P.O. Box Number is Not Acceptable) 900 S.R. 468 City: Leesburg FL Zip Code: 34749	
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: _____ (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. ☐ \$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	P AHMED, ABDELMAGED M 6600 FOURTH STREET NO #101 ST PETERSBURG, FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hymore, Khalid 900 SR 468 Leesburg FL 34749 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYMORE, KHALID 6600 FOURTH STREET NO #101 ST PETERSBURG, FL 33702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900 SR 468 Leesburg FL 34749 ☒ Change ☐ Addition
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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: 		4/28/05 352 365 6960	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	