## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Jan 24, 2008 08:00 A Secretary of State DOCUMENT # P03000044714 1. Entity Name LEESBURG REAL ESTATE ENTERPRISES, INC. Principal Place of Business Mailing Address 900 RT 468 900 RT 468 LEESBURG, FL 34749 LEESBURG, FL 34749 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3753554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HYMORE, KHALID DO NOT WRITE 900 STATE ROAD 468 LEESBURG, FL 34749 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HYMORE, KHALID NAME STREET ADDRESS 900 SR 468 CITY-ST-ZIP LEESBURG, FL 34749 VST U00000793648 01/25/08-80018-008 150.00 HYMORE, KHALID STREET ADDRESS 900 STATE ROAD 468 CITY - ST - ZIP LEESBURG, FL 34749 NAME HYMORE, KHALID STREET ADDRESS 900 STATE RD. 468 DO NOT WRITE CITY-ST-ZIP LEESBURG, FL 34749 IN THIS SPACE TITLE NAME HYMORE, KHALID 900 STATE RD. 468 STREET ADDRESS LEESBURG, FL 34749 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

·CITY-ST-ZIP