## FILED May 17, 2004 8:00 am Secretary of State

-	2004	-			REF		 	
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		ANNOAL	KELOKI			_	04-29-20	004 90264 014	***150.00	
DOCUI 1. Entity Name LEADER I	e	# P03000051 inc.	853				01252	00190201011	130.00	
Principal Place	of Business	<del></del>	Mailing Address			7				
Principal Place of Business 9439 FOREST CITY COVE			9439 FOREST CITY COVE				664223	161		
SUITE 3			SUITE 3			00455	101			
ALTAMONTE SPRINGS, FL 32714			ALTAMONTE SPRINGS, FL 32714				17 <b>00</b> 1780 <b>11</b> 70 <b>11</b> 80 1171			
2. Principal Place of Business			3. Mailing Address			]				
Suite, Apt. #, erc.			Suite, Apt. #, etc.			04192004	Chg-P	CR2E034 (10/03	·	
City & State			City & State			4, FEI Number	€ 56-ã	2357179	Applied For Not Applicable	
2ip	Zip Country		Zip Coun		try	5. Certificate of Status Desired 58.75 A				
	5. Name	and Address of Current	Registered Agent			7. Name and	ddress of New F	Registered Agent		
"LIA DTRAAK	······································	A-ECO			Name .				{	
HARTMAN, JAMES A ESQ. 9439 FOREST CITY COVE SUITE 3					Street Address	(P.O. Box Number	is Not Acceptable	e)		
ALTAMONTE SPRINGS, FL 32714					City	·		Zip C	ode .	
					City			FL Zip C		
		y submits this statement lo tered agent.	r the purpose of changing it	register	ed office or regist	ered agent, or both	, in the State of Fl	orida. I am familiar wi	th, and accept	
SIGNATURE	Signature, Mosc	or printed iteme of registered agent	and bite if applicable. (NO	E: Registers	d Agent signature reque	ed when reinstating)	·	DATE		
		FEE IS \$150.00 4 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	DRS IN 11	
TITLE,	D		Oelete	71171	t PS	D		Chang	e Addition	
NAME	١.	N, DONNA M		NAM	٠٠ ١٠٠٠)		RTMAN		1	
STREET ADDRESS	1800 VIA				)	1800 VIA AMALFI				
CITY-ST-ZIP	WINTER	PARK, FL 32789		_		NTEE PAR	<u> 4 FL 32</u>			
TITLE Name			☐ Delette	IIIL				☐ Chang	e Addition	
STREET ADDRESS	j				EET ACORESS				}	
CITY-ST-ZIP	Ì			ÇITI	/-ST-71P				1	
TITLE			☐ Delate	TITL	E	<del></del>		☐ Chang	s 🔲 Addition	
MAME .	ĺ			HAM	IE .				[	
STREET ADDRESS	l I			1	EET ADDRESS				}	
CITY-ST-ZIP	===			_	-ST-ZIP					
TITLE			☐ Delicte	- TITL	· ]	~		- 🗔 Chang	e 🔲 Addition 🗀	
NAME Street address	<b>,</b>		•	NAA STR	EET ADDRESS					
CITY-ST-ZIP			•		-SI-ZIP	•			Ī	
TITLE				_						
RAME			☐ Deletz	1111	E į		_	☐ Chang	e 🔲 Addition	
			☐ Deletz	TIT.	L	<u>-</u>		☐ Chang	e 🔲 Addition {	
STREET ADDRESS			☐ Deletz	NAN Str	EET ADORESS			☐ Chang	e	
CITY-ST-ZBP				NAM STR CITY	re Fet adoress (+ST-ZP)					
CITY-ST-ZIP			□ Delete	NAA STA CITY	RE EET ADORESS (*ST-ZEP E			☐ Chang		
CITY-5T-ZIP TITLE NAME				NAA STR CITY TITL NAA	RE EET ADORESS (+ST-ZIP) E					
CITY-ST-ZIP				NAA STR CITT TIFL NAA STR	RE EET ADORESS (*ST-ZEP E					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated	l on this repo	vt or supplemental report i	Oelste  This filing does not qualify is true and accurate and that	HAM STA CITY HAM STR CITY Or the exe	EET ADDRESS  1-51-72P  E  AE  EET ADDRESS  7-57-72P  Sture shall have the	e same legal effect	as if made under	Chang  I further certify that the cath; that I am an office	e information	
CITY-ST-ZBP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the cor	l on this repo rporation or	ert or supplierpental report i the receiver of trustee emp	☐ Oelste	HAM STR CITY NAM STR CITY or the exe my signed t as requ	EET ADDRESS  1-51-72P  E  AE  EET ADDRESS  7-57-72P  Sture shall have the	e same legal effect 07. Florida Statutes	as if made under ; and that my nan	Chang  I further certify that the cath; that I am an office	e information or or director or Block 11 if	