


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90023 037 ***150.00

DOCUMENT # P03000083379 1. Entity Name LEASCHY ENTERPRISES, INC.																													
Principal Place of Business 8305 W ATLANTIC BLVD. POMPANO BEACH, FL 33071			Mailing Address 7006 NW 39TH COURT CORAL SPRINGS, FL 33065																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent HOBLER, LISA S 7006 NW 39TH COURT CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																									
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 \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;">PD HOBLER, LISA S</td> <td style="width:20%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">8305 W ATLANTIC BLVD.</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">POMPANO BEACH, FL 33071</td> </tr> </table>			TITLE	PD HOBLER, LISA S	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	8305 W ATLANTIC BLVD.		CITY-ST-ZIP	POMPANO BEACH, FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Lisa S. Hobler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-9-05 954341-2300 <small>Date Daytime Phone #</small>																									