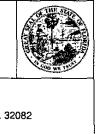
2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000125016

1. Entity Name



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

04-28-2004 90162 021 ***158.75

DANIEL R. LEEMAN ENTERPRISES, INC.				
Principal Place of Business 830 A1A NORTH #13 PONTE VEDRA BEACH FL 32082		Mailing Address 830 A1A NORTH #13 PONTE VEDRA BEACH F	FL 32082	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 75-3133342 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
			Name	man and a second of the second
LEEMAN, DANIEL R 830 A1A NORTH #13 PONTE VEDRA BEACH FL 32082			Street Address	(P.O. Box Number is Not Acceptable)
1 01	**** **********************************	, 02		
	; 		City	FL Zip Code
		or the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of pagistered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating)				
F	ILE NOW!!! FEE IS \$150.00	Tallet ille il applicable. (NOTC. P	egistered Agent Signature require	
	r May 1, 2004 Fee will be \$550.00 (Payable to Florida Department (9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEEMAN, DANIEL R		NAME	
STREET ADDRESS	830 A1A NORTH #13		STREET ADDRESS	
City-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
name Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	Change Addition
NAME		L Delete	NAME	2 Shanga 2 Addition
STREET ADDRESS	the second of the		-STREET ADDRESS	والمهلي الصابيب والمراجع المراجع المراجع المراجع المراجع المراجع المراجع
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		Dugit	NAME	
STREET ADDRESS			STREET ADDRESS	`
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	
12. I hereby	certify that the information supplied with	th this filing does not qualify for the	ne exemption stated in S	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:

WANIE (