



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90010 040 \*\*\*150.00

|  |   |                           |  |  |  |
|--|---|---------------------------|--|--|--|
| <b>DOCUMENT # P03000133934</b>   |   |                           |  |   |  |
| <b>1. Entity Name</b><br>LEAP OF FAITH, INC  |   |                           |  |  |  |
| <b>Principal Place of Business</b><br>204 GAUTIER MEMORIAL LANE<br>PORT ST. JOE FL 32456<br>US   |   |                           | <b>Mailing Address</b><br>204 GAUTIER MEMORIAL LANE<br>PORT ST. JOE FL 32456<br>US   |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |  |                                       |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |  | MOORE CR2E034 (4/04)   |  |
| City & State   |   | City & State              |  | <b>4. FEI Number</b><br>13-4273897   |  |
| Zip  |   | Zip                       |  | Country  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                           |  | <b>Applied For</b><br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MAGIDSON, MEL C JR.<br>528 SIXTH STREET<br>PORT ST. JOE FL 32456   |   |                           |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| <b>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.</b>   |   |                           |  | <b>FL</b> Zip Code   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |   |                           |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   |                           |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 8, 2004</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                           | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> |  |  |
| <b>9. Election Campaign Financing</b> <input type="checkbox"/>   |   |                           | <b>\$5.00 May Be Added to Fees</b>   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | DIR CARR, LYNNE O <input type="checkbox"/> Delete<br>204 GAUTIER MEMORIAL LANE<br>PORT ST. JOE FL 32456 |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| <b>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.</b> |   |                           |  |  |  |
| <b>SIGNATURE:</b> <i>Lynne O Carr</i>  |   |                           | 7-28-04 227-9777   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                           | Date Daytime Phone #   |  |  |