2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000149537

1. Entity Name

LEISURE LAKE CONSTRUCTION, INC.

FILED

05 JUN -2 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-25-05 902130107 150.00

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
638 LEISURE LAKE RD. DEFUNIAK SPRINGS FL 32433	638 LEISURE LAKE RD. DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number # 55-0853677 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOCKER, WILLIAM 638 LEISURE LAKE RD. DEFUNIAK SPRINGS, FL 32433	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: William Blocker 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must sign above.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCKER, WILLIAM 638 LEISURE LAKE RD. DEFUNIAK SPRINGS FL 32433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: William Blocker 4-20-05 850-951-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #