


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90305 025 ***158.75

DOCUMENT # P04000046600 1. Entity Name LEEDONNA INC.					
Principal Place of Business 5001 SW 20TH ST APT 3605 OCALA, FL 34474			Mailing Address 5001 SW 20TH ST APT 3605 OCALA, FL 34474		
2. Principal Place of Business 5001 SW 20th St.		3. Mailing Address 5001 SW 20th St.			
Suite, Apt. #, etc. 4610		Suite, Apt. #, etc. 4610			
City & State OCALA, FL.		City & State OCALA, FL.		4. FEI Number 34-1978381	
Zip 34474		Country MARION		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIGAN, LEE 5001 SW 20TH ST APT 3605 OCALA, FL 34474				7. Name and Address of New Registered Agent Name HARRIGAN, LEE Street Address (P.O. Box Number is Not Acceptable) 5001 SW 20th St. Apt. 4610 City OCALA FL 34474	
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 \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS HARRIGAN, LEE <input type="checkbox"/> Delete 5001 SW 20TH ST APT 3605 OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRIGAN, LEE 5001 SW 20th St. Apt. 4610 Ocala, FL. 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARRIGAN, DONNA B <input type="checkbox"/> Delete 5001 SW 20TH ST APT 3605 OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRIGAN, DONNA B. 5001 SW 20th St. Apt. 4610 Ocala, FL. 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: x <i>Lee Harrigan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-25-05 352-291-1950 Date Daytime Phone #		