

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000052280

1. Entity Name
LEISURE TIME COINS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:09

Principal Place of Business
**1050 SOUTH FEDERAL HIGHWAY
SUITE # 134
DELRAY BEACH FL 33483**

Mailing Address
**1050 SOUTH FEDERAL HIGHWAY
SUITE # 134
DELRAY BEACH FL 33483
US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State

Zip Country

4. FEI Number
20-0904283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CHARBONNEAU, BETH W
1050 SOUTH FEDERAL HIGHWAY
SUITE # 134
DELRAY BEACH FL 33483**

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	CHARBONNEAU, LAWRENCE JR.	
STREET ADDRESS	1050 SOUTH FEDERAL HIGHWAY #134	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHARBONNEAU, BETH W	
STREET ADDRESS	1050 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000326784	
STREET ADDRESS	04/25/05-80011-020 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **1-31-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #