

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90035 002 \*\*\*150.00

<b>DOCUMENT # P04000068453</b> 1. Entity Name <b>FLORIDA LEISURE AQUATICS CORP.</b>					
Principal Place of Business <b>9705 LAKE BESS ROAD, #232 WINTERHAVEN FL 33884 US</b>			Mailing Address <b>9705 LAKE BESS ROAD, #232 WINTERHAVEN FL 33884 US</b>		
2. Principal Place of Business <b>9705 LAKE BESS ROAD</b> Suite, Apt. #, etc. <b>#232</b> City & State <b>WINTER HAVEN, FL</b> Zip <b>33884</b> Country <b>USA</b>		3. Mailing Address <b>9705 LAKE BESS ROAD</b> Suite, Apt. #, etc. <b>#232</b> City & State <b>WINTER HAVEN, FL</b> Zip <b>33884</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>TALBOT FREEMAN &amp; ASSOCIATES INC. 1900 SE 15TH STREET FORT LAUDERDALE FL 33316</b>			7. Name and Address of New Registered Agent Name <b>SAME AS BEFORE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P LANGFORD, DARL 9705 LAKE BESS ROAD, #232 WINTERHAVEN FL 33884</b> <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	
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:			3/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		