

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098679

Entity Name: LEISURE INCENTIVES, INC.

FILED  
Apr 12, 2005  
Secretary of State

## Current Principal Place of Business:

PMB 180 5436 FRUITVILLE ROAD  
SARASOTA, FL 34232 US

## New Principal Place of Business:

## Current Mailing Address:

717 EAST OAK STREET  
KISSIMMEE, FL 34744 US

## New Mailing Address:

P.O. BOX 223  
BRANDON, FL 33509 US

FEI Number: 59-2878922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWART, HARRY J CPA  
717 EAST OAK STREET  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: BURKE, MICHAEL L  
Address: 5128 WILLOW LEAF  
City-St-Zip: SARASOTA, FL 34241 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: BURKE, MICHAEL L  
Address: P.O. BOX 223  
City-St-Zip: BRANDON, FL 33509 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L BURKE

P

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date