


FILED
Apr 18, 2005 8:00 am
Secretary of State

03-17-2005 90018 012 ***150.00

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000106911			
1. Entity Name LEONA CASTLES INC.			
Principal Place of Business 1603 WEST TERRA MAR DRIVE POMPAN0 BEACH, FL 33062		Mailing Address P.O. BOX 714 POMPAN0 BEACH, FL 33061	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <u>BAYMAN, KAY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1603 W. Terra Mar Drive</u> City <u>Pompano Beach,</u> FL Zip Code <u>33062</u>	
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 <u>K. BAYMAN</u> <u>K. BAYMAN</u> DATE <u>15 Jan 05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when relinquishing))</small>			
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			
TITLE	DPST	<input type="checkbox"/> Delete	
NAME	BAYMAN, KAY		
STREET ADDRESS	1603 WEST TERRA MAR DRIVE		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		
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			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYMAN, KAY		
STREET ADDRESS	1603 West Terra Mar Drive		
CITY-ST-ZIP	Pompano Beach, FL 33062		
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: <u>K. BAYMAN</u> <u>K. BAYMAN</u> <u>Res</u> DATE <u>15 Jan 05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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4. FEI Number 42-1641902 Applied For ☐ Not Applicable ☐

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