


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90203 042 ***150.00

DOCUMENT # P05000165750	
1. Entity Name LEISURE SPORTSMAN MAGAZINE, INC.	

Principal Place of Business 16905 SUGARBERRY LANE MONTVERDE, FL 34756	Mailing Address 16905 SUGARBERRY LANE MONTVERDE, FL 34756
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40089433



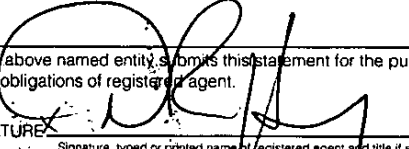
2. Principal Place of Business - No P.O. Box # 207 W. GREENWOOD ST	3. Mailing Address 207 W GREENWOOD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State GROVELAND, FL	City & State GROVELAND FL
Zip 34736	Country
Zip 34736	Country

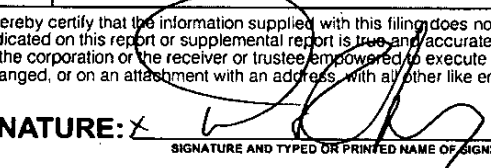
4. FEI Number 20-3983721	Applied For Not Applicable
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6. Name and Address of Current Registered Agent HAVEN, DON 16905 SUGARBERRY LANE MONTVERDE, FL 34756	
7. Name and Address of New Registered Agent Name HAVEN DON Street Address (P.O. Box Number is Not Acceptable) 207 W. GREENWOOD ST. City GROVELAND FL Zip Code 34736	

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVEN, DON 16905 SUGARBERRY LANE MONTVERDE, FL 34756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 W. GREENWOOD ST. GROVELAND FL 34736 <input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 4-28-08 Daytime Phone #