

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90026 039 ***150.00

DOCUMENT # P06000101785

1. Entity Name
LEADING EDGE AWARDS, INC.



Principal Place of Business
**6617 GARLAND STREET
FORT MYERS, FL 33966**

Mailing Address
**6617 GARLAND STREET
FORT MYERS, FL 33966**

2. Principal Place of Business - No P.O. Box #
12155 Metro Pkwy

3. Mailing Address

Suite, Apt. #, etc.
A1

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State

Zip
33912

Country
USA

Zip

Country

02162008

Chg-P

CR2E034 (12/06)

4. FEI Number
22-3940463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOB, DONALD E
6617 GARLAND STREET
FT. MEYERS, FL 33966**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FORT MYERS

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
JACOB, DONALD E
6617 GARLAND STREET
FORT MYERS, FL 33966** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACOB, MARJORIE
2582 CONCORD WAY
FORT MYERS, FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JACOB, MARJORIE L.
5282 CONCORD WAY** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **MARJORIE L. JACOB** **MARJORIE L. JACOB** **2-15-08** **239-482-0494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #