

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058330

FILED
Mar 08, 2004
Secretary of State

Entity Name: LEISURE BAY INDUSTRIES, INC.

Current Principal Place of Business:

3033 MERCY DR
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3033 MERCY DR
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3200750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN HEYDE, JAY
DEAN, MEAD, EGERTON
800 N. MAGNOLIA AVE. #1500
ORLANDO, FL 32803 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: D () Delete
Name: DOEBLER, DONALD W
Address: 3033 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: PDST () Delete
Name: DOEBLER, DAVID R
Address: 3033 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: CZECH, DONALD R
Address: 3033 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: SMIGIEL, FRANK
Address: 3033 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: HARDER, GARY R
Address: 3033 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: BAILEY, KEN
Address: 3033 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID R. DOEBLER

PRES

03/08/2004

Electronic Signature of Signing Officer or Director

Date