


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90064 001 \*\*\*150.00

<b>DOCUMENT # P94000061216</b>			
1. Entity Name <b>LE CLUB VILLAS, INC.</b>			
Principal Place of Business <b>7641 CUMBERLAND RD LARGO FL 33777 US</b>		Mailing Address <b>7641 CUMBERLAND RD LARGO FL 33777 US</b>	
2. Principal Place of Business		3. Mailing Address <b>c/o Le Club Villas</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>4355 84th Avenue North</b>	
City & State		City & State <b>Pinellas Park, FL 33781</b>	
Zip <b>33781</b>	Country <b>US</b>		
6. Name and Address of Current Registered Agent <b>GEIGLE, JOHN 7641 CUMBERLAND RD. LARGO FL 33777</b>		7. Name and Address of New Registered Agent <b>C/o Le Club Villas 4355 84th Av. N. Pinellas Park, FL 33781</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEIGLE, JOHN 7641 CUMBERLAND RD LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN Geigle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 Lago Vista Blvd. Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEIGLE, KEVIN 7641 CUMBERLAND RD LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1704 LAGO VISTA BLVD; PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGLE, MICHELE 7641 CUMBERLAND RD LARGO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Geigle**

Date

Daytime Phone #

**3-9-04 727-399-8831**

**66406255**



MOORE CR2E034 (11/03)