
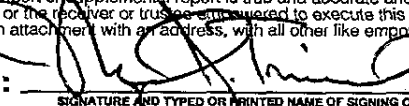


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000042839		
1. Entity Name LEAPIN' LEOTARDS, INC.		
Principal Place of Business 1705 STATE ROAD 60 EAST VALRICO, FL 33594	Mailing Address 1705 STATE ROAD 60 EAST VALRICO, FL 33594	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPERRY, BRUCE J 1001 S. ALEXANDER ST., STE. 1 PLANT CITY, FL 33566		DO NOT WRITE IN THIS SPACE
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>		
DUE DATE ON WEEKEND FILE NOW!! FEE IS \$550.00. Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRIVUNOVICH, NORA E 2306 BEECHWOOD CT. PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRIVUNOVICH, NICK J 2306 BEECHWOOD CT PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		NICK J. TRIVUNOVICH 5/1/04 (813) 752-1074 <small>Date Daytime Phone #</small>



05022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3317184

Applied For
Not Applicable

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

U00000155452
05/05/04-80036-023 150.00

**DO NOT WRITE
IN THIS SPACE**