


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90004 045 \*\*\*150.00

**DOCUMENT # P96000052187**

1. Entity Name  
**LEISURE TIME CLEANING, INC.**



Principal Place of Business  
**6833 BABCOCK ST.**  
**FORT MYERS, FL 33912 US**

Mailing Address  
**P.O. BOX 7502**  
**FT. MYERS, FL 33911-7502 US**

60041300



**DO NOT WRITE IN THIS SPACE**

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0682170</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILSEY~~  
**DIOENARO, CONNIE L**  
**6833 BABCOCK ST.**  
**FORT MYERS, FL 33912**

**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 CONNIE L. WILSEY *Connie L. Wilsey* 2-22-06  
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, 2006 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	P WILSEY, CONNIE L 6833 BABCOCK ST. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSEY, JERRY C 6833 BABCOCK ST FORT MYERS, FL 33912
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	

**DO NOT WRITE IN THIS SPACE**

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: *Connie L. Wilsey* **CONNIE L. WILSEY/PRES.** 2-22-06 239-275-6944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60021380

ATTACHMENT # P96 000652187



Division of Corporations

Annual Report

Annual Report Help

Document Number

P96000052187

Business Entity Name

LEISURE TIME CLEANING, INC.

FEI Number	650682170		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	<input checked="" type="radio"/> No \$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	<input checked="" type="radio"/> No	

Principal Place of Business

Address	6833 BABCOCK ST.		
Suite, Apt. #, etc.			
City, State	FORT MYERS		FL
Zip Code & Country	33912		US

Mailing Address

Address	P.O. BOX 7502		
Suite, Apt. #, etc.			
City, State	FT. MYERS		FL
Zip Code & Country	339117502		US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	WILSEY	CONNIE	L
- OR -			
Business to serve as RA			
Address (PO Box is not acceptable)	6833 BABCOCK ST.		
Suite, Apt. #, etc.			
City, State	FORT MYERS		FL
Zip Code & Country	33912		US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature *Connie L. Wilsey* CONNIE L. WILSEY

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

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Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature

CONNIE L. WILSEY *Connie L. Wilsey*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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