


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90240 032 ***150.00


DOCUMENT # P96000052187

1. Entity Name
LEISURE TIME CLEANING, INC.



Principal Place of Business 6833 BABCOCK ST. FT MYERS, FL 33966 US	Mailing Address P.O. BOX 7502 FT. MYERS, FL 33911-7502 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**WILSEY, CONNIE L
 6833 BABCOCK ST
 FORT MYERS, FL 33966**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**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 P	WILSEY, CONNIE L 6833 BABCOCK ST. FT MYERS, FL 33966
TITLE VP	WILSEY, JERRY C 6833 BABCOCK ST FT MYERS, FL 33966
TITLE 	
TITLE 	
TITLE 	
TITLE 	

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. 4-19-08 239-275-6944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #