

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000011319

1. Entity Name
LEISURE LAKES, INC.



Principal Place of Business
5565 W. NINE MILE ROAD
PENSACOLA, FL 32526

Mailing Address
5565 W. NINE MILE ROAD
PENSACOLA, FL 32526

FILED
Jan 12, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3433824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, GENE
5565 W. NINE MILE ROAD
PENSACOLA, FL 32526

**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

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, 2004 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
D
JONES, GENE
5565 W. NINE MILE ROAD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, JOAN E
5565 W. NINE MILE ROAD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

000000003676
01/13/04-80066-019.150.00

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IN THIS SPACE**

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:

Joan E Jones Secretary
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #