

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000052178		
1. Entity Name LEISURE AND RECREATION CONSULTANTS, INC.		

FILED
05 OCT -6 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10012 N. DALE MABRY HWY. SUITE 215 TAMPA, FL 33618	Mailing Address 10012 N. DALE MABRY HWY. SUITE 215 TAMPA, FL 33618
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2. Principal Place of Business 244 Crystal Grove Blvd Suite, Apt. #, etc.	3. Mailing Address 244 Crystal Grove Blvd Suite, Apt. #, etc.
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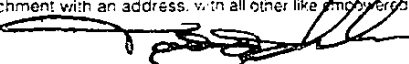
City & State Lutz, FL	City & State Lutz, FL	4. FEI Number 59-3461576	Applied For ☐ Not Applicable
Zip 33548	Country US	Zip 33548	Country US

6. Name and Address of Current Registered Agent YOUNG, KENNETH 10012 N. DALE MABRY HWY. SUITE 215 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 244 Crystal Grove Blvd City Lutz FL Zip Code 33548	
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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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, KENNETH J 1705 CAPE BEND AVENUE TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 07/01/05 90002 002 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVATH, GARY 8 WAGON ROAD BETHEL, CT 06801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKNER, TODD F 1213 OXBRIDGE DRIVE LUTZ, FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Admin Diss. removed, rejected in error 7/6/05 \$09 10/7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 employees.	
SIGNATURE: 	Vice President 6-29-05 813-948-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	