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	Mailing Address
~~10012 N. DALE MABRY HWY.~~ ~~SUITE 215~~ ~~TAMPA, FL~~ 33618	~~10012 N. DALE MABRY HWY.~~ ~~SUITE 215~~ ~~TAMPA, FL 33618~~

06292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
244 Crystal Grove Blvd Suite, Apt. #, etc.	244 Crystal Grove Blvd Suite, Apt. #, etc.
City & State: Lutz, FL	City & State: Lutz, FL
Zip: 33548 Country: US	Zip: 33548 Country: US

4. FEI Number: 59-3461576 ☐ Applied For ☐ Not Applicable

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

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

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's signature required when reinstating)

__ **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.

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 7/5/05. $ 09/07
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)(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: _____ Vice President 6-29-05 813-968-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #