

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000071268

1. Entity Name
LEISURE CONCEPTS, INC.



Principal Place of Business
**16680 MCGREGOR BLVD
FT MYERS, FL 33908**

Mailing Address
**16680 MCGREGOR BLVD
FT MYERS, FL 33908**



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0776376** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOLTER, GARY R
16680 MCGREGOR BLVD
FT MYERS, FL 33908**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

1100000082616
03/10/04-800002-017 1501.00

10. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **WOLTER, GARY R**
STREET ADDRESS **16680 MCGREGOR BOULEVARD**
CITY-STATE-ZIP **FORT MYERS, FL 33908**

TITLE **D**
NAME **BROOKS, PHILLIP L**
STREET ADDRESS **1032 S SPRING ST**
CITY-STATE-ZIP **PORT WASHINGTON, WI 53074**

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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 or without other like empowered.

SIGNATURE: GARY WOLTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 - 239-454-5554
Date Daytime Phone #