

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009110

1. Entity Name  
M & D ENTERPRISES OF LEESBURG, INC.



FILED  
OCT 18 AM 11:11  
REINSTATEMENT  
SECRETARY OF STATE  
FLORIDA

Principal Place of Business  
1406 EMERSON STREET  
LEESBURG, FL 34748

Mailing Address  
1406 EMERSON STREET  
LEESBURG, FL 34748

LEESBURG  
2. Principal Place of Business  
1406 EMERSON ST  
Suite, Apt. #, etc.  
LEESBURG FL  
City & State

LEESBURG  
3. Mailing Address  
1406 EMERSON ST  
Suite, Apt. #, etc.  
LEESBURG FL  
City & State

300041937333  
10/18/04--01059--001 \*\*158.75



09092004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3508795  
Applied For  
Not Applicable

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

Zip 34748 Country LAKE  
Zip 34748 Country LAKE

6. Name and Address of Current Registered Agent  
NORVELL, MICHAEL C ESQ  
LAKE LAW CENTER  
1410 EMERSON STREET  
LEESBURG, FL 34748

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  
Due by September 8, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENARD, MEALE R 1404 EMERSON ST LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SHIRLEY 1406 EMERSON ST LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, TERRILL 1406 EMERSON ST LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEALER, ALICE 1406 EMERSON ST LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SAME

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: Lenard Meale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 6-04 3523262400  
Date Daytime Phone #

NEVER REC THIS REPORT UNTILL REC.