

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000015774 1. Entry Name LEADING EDGE OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 2268 SE AC POLK JR. DRIVE ARCADIA, FL 34266	Mailing Address 2268 SE AC POLK JR. DRIVE ARCADIA, FL 34266
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3503044	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARSONS, WADE H ESQUIRE 1853 VICTORIA AVENUE FORT MYERS, FL 33901	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	1100000117983 04/19/04-80042-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINNEAR, REBECCA 124 NW 7TH ST CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINNEAR, WM 1928 SE PLUM DR. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-16-04 Date	863-993-2114 Daytime Phone #
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