

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000025772

1. Entity Name
LEAP BRANDON, INC.



Principal Place of Business

3641 W. KENNEDY BLVD.
SUITE A
TAMPA, FL 33609

Mailing Address

3641 W. KENNEDY BLVD.
SUITE A
TAMPA, FL 33609



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3563084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606

**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

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
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEVY, CLIFF
4932 ST. CROIX DRIVE
TAMPA, FL 33629

000000309328
04/16/05-80034-008 150.00

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

(813) 333-2220
Daytime Phone #