

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089369

FILED  
Apr 11, 2004  
Secretary of State

Entity Name: GOLDLEAF ENTERPRISES INC.

## Current Principal Place of Business:

1036 WEST 12TH ST.  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

1036 WEST 12TH ST.  
LAKELAND, FL 33805 US

## New Mailing Address:

FEI Number: 59-3541405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, SUBERNIA Y  
1036 WEST 12TH ST.  
LAKELAND, FL 33805

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHNSON, SUBERNIA Y  
Address: 1036 WEST 12TH ST.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: JOHNSON, RODRIC B  
Address: 1036 WEST 12TH ST.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: JOHNSON, MALLERY Y  
Address: 1036 WEST 12TH ST.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: JONES, KYRI G  
Address: 1036 WEST 12TH ST.  
City-St-Zip: LAKELAND, FL 33805

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: JOHNSON, BRODRIC B  
Address: 1036 WEST 12TH ST.  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUBERNIA Y. JOHNSON

OWNE

04/11/2004

Electronic Signature of Signing Officer or Director

Date