


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 017 \*\*\*150.00

<b>DOCUMENT # P99000022279</b>	
1. Entity Name <b>WG LEAHY AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>5100 N FEDERAL HIGHWAY SUITE 404 FT LAUDERDALE, FL 33308</b>	Mailing Address <b>5100 N FEDERAL HIGHWAY SUITE 404 FT LAUDERDALE, FL 33308</b>
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**54054634**

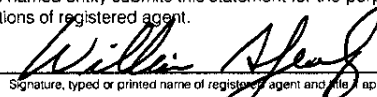
2. Principal Place of Business <b>4201 N. Ocean Dr</b>	3. Mailing Address <b>15 Windmill Lane</b>
Suite, Apt. #, etc. <b># 809 C</b>	Suite, Apt. #, etc.
City & State <b>Boca Raton, FL</b>	City & State <b>Southampton, N.Y</b>
Zip <b>33431-5304</b>	Country <b>USA</b>



03052003 Chg-P CR2E034 (10/03)

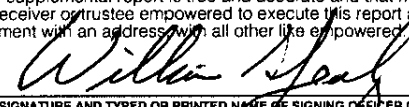
6. Name and Address of Current Registered Agent <b>LEAHY, WILLIAM G 5100 N FEDERAL HIGHWAY SUITE 404 FT LAUDERDALE, FL 33308</b>	
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7. Name and Address of New Registered Agent	
Name <b>William G. Leahy</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4201 N. Ocean Dr. # 809 C</b>	
City <b>Boca Raton</b>	FL Zip Code <b>33431-5304</b>

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 <b>5-11-04</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>LEAHY, WILLIAM G 5100 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President William G. Leahy 4201 N. Ocean Dr #809 C Boca Raton, FL 33431-5304</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>5-11-04</b>