


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

06-23-2005 90001 029 ***150.00

DOCUMENT # P99000038662
 1. Entity Name
WILLIAM LEEDER ENTERPRISES INC.



Principal Place of Business
**222 GOLFVIEW DRIVE
 AUBURNDALE, FL 33823**

Mailing Address
**222 GOLFVIEW DRIVE
 AUBURNDALE, FL 33823**

DO NOT WRITE IN THIS SPACE

06172005 No Chg-P CR2E034 (10/1)

4. FEI Number
59-3583016

5. Certificate of Status Desired **\$8.75**
 Fee Re

6. Name and Address of Current Registered Agent
**LEEDER, WILLIAM
 222 GOLFVIEW DRIVE
 AUBURNDALE, FL 33823**

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 the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **6-17-05**

Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2), F.S., the corporation did not receive the p... notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LEEDER, WILLIAM 222 GOLFVIEW DRIVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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 11 or Block 11A.

SIGNATURE: *[Signature]* **8-2-05** **863-665-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M.C LEEDER PRES.