2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P99000067829

1. EntityName
LEADERSHIPDESIGNS,INC.

PrincipalPlaceofBusiness	MailingAddress
1281 GULF OF MEXICO # 106 LONGBOAT KEY, FL 34228	1281 GULF OF MEXICO # 106 LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

04012004 NoChg-P CR2E034(10/03)

4. FEINumber
06-0402319
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

O'NEIL,MARYANN
#106
3240GULFOFMEXICODRIVE
LONGBOATKEY,FL34228

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typeorprintnameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenin instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution ☐ **$5.00** MayBe AddedtoFees

000000103066
04/05/04-80041-013 150.00

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	O'NEIL,SEANMICHAEL
STREETADDRESS	1281GULFOFMEXICOUNIT#106
CITY-ST-ZIP	LONGBOATKEY,FL34228
TITLE	D
NAME	O'NEIL,MICHAELBRIANJR.
STREETADDRESS	1281GULFOFMEXICOUNIT#106
CITY-ST-ZIP	LONGBOATKEY,FL34228
TITLE	D
NAME	O'NEIL,SHANNONM
STREETADDRESS	1281GULFOFMEXICOUNIT#106
CITY-ST-ZIP	LONGBOATKEY,FL34228
TITLE	D
NAME	O'NEIL,SCOTTMICHAEL
STREETADDRESS	1281GULFOFMEXICOUNIT#106
CITY-ST-ZIP	LONGBOATKEY,FL34228
TITLE	D
NAME	O'NEIL,MATTHEW
STREETADDRESS	1281GULFOFMEXICOUNIT#106
CITY-ST-ZIP	LONGBOATKEY,FL34228
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiver,trustee,orpartnershipoperatorrequiredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 4/02/04 (941) 3878753
SIGNATUREANDTYPEORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#