


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90003 036 \*\*\*150.00

DOCUMENT # P99000105030	
1. Entity Name LEOPARD, INC.	

Principal Place of Business 3225 S. MACDILL AVENUE SUITE 111 TAMPA, FL 33629-8171	Mailing Address PMB #253 3225 S MACDILL AVENUE STE 129 TAMPA, FL 33629
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2. Principal Place of Business 1700 S. MacDill Ave Suite, Apt. #, etc. 360	3. Mailing Address 1700 S. MacDill Ave Suite, Apt. #, etc. 360
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33629	Country
Zip 33629	Country



01262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3612142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYN, MARK J ONE BISCAYNE TOWER STE 2680 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

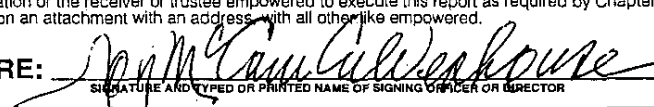
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULVERHOUSE, JOY MCANN 3301 BAYSHORE BLVD. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D, COB Culverhouse, Joy McCann 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629-5218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PURCELL, THOMAS K 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purcell, Thomas K 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629-5218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYN, MARK J 2 SOUTH BISCAYNE BOULEVARD, STE 3599 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bryn, Mark J. 2 S. Biscayne Blvd. Ste 2680 Miami, Florida 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT LYNCH, SCOTT PMB #253, 3225 S MACDILL AVE, #129 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, AT, AS Lynch, Scott D. 1700 S. MacDill Ave., Ste 360 Tampa, Florida 33629-5218 <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	D, T, VP Bolano, Andres 134 Madera Avenue Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" 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

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:  Joy McCann Culverhouse 1-30-04 805-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #