

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S87484**

1. Entity Name  
**LEISURE RIVER ESTATES, INC.**



Principal Place of Business  
**11A01 HWY 301 N.  
THONOTOSASSA, FL 33592 US**

Mailing Address  
**BOX 16800  
TAMPA, FL 33687**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3094454**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BENEVIDES, LOUIS  
104 N.E. LAKEVIEW DRIVE  
SEBRING, FL 33870**

**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, and accept, the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DST
NAME	HILL, GAIL
STREET ADDRESS	4421 LANE ROAD
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	DP
NAME	BLACK, GEORGE L., JR
STREET ADDRESS	P.O. BOX 16800 N/A
CITY-ST-ZIP	TAMPA, FL 33687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000433437  
02/24/06-80016-020 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George L. Black Jr GEORGE L. BLACK JR 2/1/06 813-986-2489