

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90412 050 ***150.00

DOCUMENT # V21587

1. Entity Name

LEESBURG MARKETPLACE, INC.



Principal Place of Business

Mailing Address

~~182 DUKE OF GLOUCESTER ST~~
~~ANNAPOLIS MD 21401~~

~~PO BOX 2345~~
~~ANAPOLIS MD 31404~~

2. Principal Place of Business

485 JOYCE LANE

3. Mailing Address

P.O. Box 361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARNOLD, MARYLAND

City & State

ARNOLD, MARYLAND

Zip

21012

Country

USA

Zip

21012

Country

USA

6. Name and Address of Current Registered Agent

MILLER, MARK E.
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 200
TAMPA FL 33602

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ATHANS, DEMETRIOS N
STREET ADDRESS 182 DUKE OF GLOUCESTER ST
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE VP ☐ Delete
NAME IRENE ATHANS
STREET ADDRESS 3030 GRAND BAY BLVD #3101
CITY-ST-ZIP LONG BOAT KEY FL 34228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 485 JOYCE LANE
CITY-ST-ZIP ARNOLD, MD 21012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Demetrios N. Athans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEMETRIOS N. ATHANS

3-29-04

Date

410 647-7576

Daytime Phone #