

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21587

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: LEESBURG MARKETPLACE, INC.

## Current Principal Place of Business:

485 JOYCE LANE  
ARNOLD, MD 21012

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 561  
ARNOLD, MD 21012

## New Mailing Address:

FEI Number: 59-3113724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MILLER, MARK E.  
1001 SOUTH MCDILL AVE  
SUITE B  
TAMPA, FL 33629 US

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.

SIGNATURE:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ATHANS, DEMETRIOS N,  
Address: 485 JOYCE LANE  
City-St-Zip: ARNOLD, MD 21012

Title: VP ( ) Delete  
Name: IRENE ATHANS,  
Address: 3030 GRAND BAY BLVD #3101  
City-St-Zip: LONG BOAT KEY, FL 34228

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MARK D. CAMPBELL,  
Address: 333 WEST HAMPDEN (SUITE 810)  
City-St-Zip: ENGLEWOOD, CO 80110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEMETRIOS N. ATHANS

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date