

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # V21587

1. Entity Name  
LEESBURG MARKETPLACE, INC.

Principal Place of Business

485 JOYCE LANE  
ARNOLD, MD 21012

Mailing Address

PO BOX 561  
ARNOLD, MD 21012

05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3113724

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

MILLER, MARK E.  
1001 SOUTH MCDILL AVE  
SUITE B  
TAMPA, FL 33629**DO NOT WRITE  
IN THIS SPACE**

18. 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 renouncing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATHANS, DEMETRIOS N
STREET ADDRESS	485 JOYCE LANE
CITY-ST-ZIP	ARNOLD, MD 21012
TITLE	VP
NAME	IRENE ATHANS
STREET ADDRESS	3030 GRAND BAY BLVD #3101
CITY-ST-ZIP	LONG BOAT KEY, FL 34228
TITLE	D
NAME	MARK D. CAMPBELL
STREET ADDRESS	333 WEST HAMPDEN (SUITE 810)
CITY-ST-ZIP	ENGLEWOOD, CO 80110

U000000760534  
05/25/07-80015-015 150.00**DO NOT WRITE  
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

DEMETRIOS N. ATHANS

5-1-07

410-647-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #