


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V61465		
1. Entity Name P & P LEISURE INVESTMENTS, INC.		
Principal Place of Business 406 ASH STREET FERNANDINA BEACH, FL 32034		Mailing Address P.O. BOX 1033 YULEE, FL 32041
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent TOMASSETTI, A. JEFFREY ESQ 406 ASH STREET FERNANDINA BEACH, FL 32034		<div style="text-align: center;"> 01112008 No Chg-P CRZE034 (11/05) 4. FEI Number 59-3147894 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000559988 05/18/06-80022-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAXTON, DOYLE 406 ASH STREET FERNANDINA BEACH, FL 32034	
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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: <u>W. Doyle</u> Doyle Claxton		4/21/06 904-225-0004
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>