

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010905

Entity Name: LEESAR, INC.**Current Principal Place of Business:**2727 WINKLER AVENUE
FORT MYERS, FL 33901**Current Mailing Address:**2727 WINKLER AVENUE
FORT MYERS, FL 33901**FEI Number:** 26-3818222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SIMPSON, ROBERT A
Address	401 LEONARD BLVD. NORTH
City-State-Zip:	LEHIGH ACRES FL 33971

Title	D
Name	NATHAN, JAMES
Address	2776 CLEVELAND AVE
City-State-Zip:	FT MYERS FL 33901

Title	D
Name	MACKENZIE, GWEN M
Address	1700 SOUTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	WOELTJEN, WILLIAM
Address	1700 SOUTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	GERMAN, MICHAEL
Address	401 LEONARD BLVD. NORTH
City-State-Zip:	LEHIGH ACRES FL 33971

Title	D
Name	VERINDER, DAVID
Address	1700 SOUTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	ANTONUCCI, LAWRENCE
Address	401 LEONARD BLVD. NORTH
City-State-Zip:	LEHIGH ACRES FL 33971

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. SIMPSON

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date