


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000117349	
1. Entity Name LEO'S CARPENTRY, INC.	

Principal Place of Business 514 MELODY CIRCLE SARASOTA, FL 34237	Mailing Address 514 MELODY CIRCLE SARASOTA, FL 34237
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1495397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONDRAGON, JOSEFINA 514 MELODY CIRCLE SARASOTA, FL 34237
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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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P D	NAME CAMARGO PEREZ, DANIEL
STREET ADDRESS 514 MELODY CIRCLE	CITY-ST-ZIP SARASOTA, FL 34237
TITLE VP S	NAME MONDRAGON, JOSEFINA
STREET ADDRESS 514 MELODY CIRCLE	CITY-ST-ZIP SARASOTA, FL 34237
TITLE T	NAME RUBIO, DANIEL B
STREET ADDRESS 1009 63RD AVENUE WEST	CITY-ST-ZIP BRADENTON, FL 34203
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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05/12/06-80030-024 150.00

**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: Daniel Perez **DANIEL PEREZ** 4/28/06 941-756-2823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #