

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 410993

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LEO MILLS & ASSOCIATES INC

**Current Principal Place of Business:**

620 8TH AVENUE WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

620 8TH AVENUE WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 59-1438879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, M. LEO JR.  
620 8TH AVE. WEST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MILLS, M. LEO JR.  
**Address:** 620 8TH AVE WEST  
**City-St-Zip:** PALMETTO, FL

**Title:** STD  
**Name:** SELLARS, REA E  
**Address:** 620 8TH AV W  
**City-St-Zip:** PALMETTO, FL

**Title:** VP  
**Name:** COLEMAN, GAIL  
**Address:** 620 8TH AVE. W.  
**City-St-Zip:** PALMETTO, FL

**Title:** D  
**Name:** MILLS, M. LEO, SR.  
**Address:** 620-8TH AVE W  
**City-St-Zip:** PALMETTO, FL 34221

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

**SIGNATURE:** REA E SELLARS

SEC

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date