


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90095 015 ***150.00

DOCUMENT # 493709

1. Entity Name
LEESBURG PRINTING COMPANY



Principal Place of Business Mailing Address

3606 PARKWAY BLVD **3606 PARKWAY BLVD**
P.O. BOX 491140 **P.O. BOX 491140**
LEESBURG, FL 34749 US **LEESBURG, FL 34749 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40056012



03012006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-1662789 Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, MICHAEL P
4013 MAGNOLIA DR.
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name **Mason, Michael P.**
 Street Address (P.O. Box Number is Not Acceptable) **1119 Myrtle Lake View Drive**
Fruitland Park,
 City **FL** Zip Code **34731**

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 _____ (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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MASON, AMY	
STREET ADDRESS	4013 MAGNOLIA DR.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASON, MICHAEL P	
STREET ADDRESS	4013 MAGNOLIA DR	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mason, Amy	
STREET ADDRESS	1119 Myrtle Lake View Dr.	
CITY-ST-ZIP	Fruitland Park FL 34731	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mason, Michael P.	
STREET ADDRESS	1119 Myrtle Lake View Dr.	
CITY-ST-ZIP	Fruitland Park FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mason P. Mason* **4-19-06** **1-800-828-3348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #