

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90012 016 \*\*\*155.00

**DOCUMENT # 506795**

1. Entity Name

LEO'S MENS STORE, INC.



Principal Place of Business

300 MARY ESTER BLVD.  
#53  
MARY ESTHER FL 32569

Mailing Address

300 MARY ESTER BLVD.  
#53  
MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-1682585**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORK, DON ALAN  
118 BRADFORD DR.  
FT WALTON BCH. FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WORK, DON ALAN  
STREET ADDRESS 718 BRADFORD DR.  
CITY-ST-ZIP FT. WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST ☐ Delete  
NAME WORK, E. GARY  
STREET ADDRESS 1940 ST. MARYS AVENUE  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Don Alan Work*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

850-439-1762

Daytime Phone #

Attachment

Leo's Mens Store Inc. 2405985  
don alans #506795

401 S. Palafox St.  
Pensacola, FL 32502  
(850)439-1762  
fax(850)436-8906

Division of Corporation  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Regarding: 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Dear Sir's/Madame's,

Please accept this replacement check and report for the original that was mailed on March 25, 2004. I called your office to see why the check has not been cashed and found you had no record of receipt or validation.

At your recommendation, I respectfully request that the late fee be waived since the report and check never made it to your office nor was it ever returned to me.

Sincerely,

Don A. Work 5/15/04

Don A. Work