


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90046 010 \*\*\*150.00

<b>DOCUMENT # 506795</b> 1. Entity Name <b>LEO'S MENS STORE, INC.</b>					
Principal Place of Business <b>300 MARY ESTER BLVD. #53 MARY ESTHER, FL 32569</b>			Mailing Address <b>300 MARY ESTER BLVD. #53 MARY ESTHER, FL 32569</b>		
2. Principal Place of Business <b>300 Mary Esther BLVD.</b>		3. Mailing Address <b>same as *2</b>			
Suite, Apt. #, etc. <b>#67</b>		Suite, Apt. #, etc. 			
City & State <b>Mary Esther, FL</b>		City & State 		4. FEI Number <b>59-1682585</b>	
Zip <b>32569</b>		Country <b>OKaloosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORK, DON ALAN 118 BRADFORD DR. FT WALTON BCH., FL 32547</b>			7. Name and Address of New Registered Agent Name <b>DON ALAN WORK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1325 E. JACKSON ST.</b> <b>PENSACOLA</b> City <b>FL</b> Zip Code <b>32501</b>		
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 <u><i>Don Alan Work</i></u> <span style="float: right;">3/12/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORK, DON ALAN 718 BRADFORD DR. FT. WALTON BCH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WORK, E. GARY 1940 ST. MARYS AVENUE PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Don Alan Work</i></u>		3/12/05 850.439.1762 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					