

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 040 ***150.00

DOCUMENT # 686889

1. Entity Name
LEO'S AUTO SERVICE, INC.



Principal Place of Business

Mailing Address

837 ~~1509~~ EAST DUVAL ST
C/O LEO HORNE
LAKE CITY, FL 32055

837 ~~1509~~ EAST DUVAL ST
C/O LEO HORNE
LAKE CITY, FL 32055



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2050306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HORNE, LEO
~~4509 EAST DUVAL ST~~ 837 E. Duval St
LAKE CITY, FL 32055

**DO NOT WRITE
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORNE, LEO
STREET ADDRESS	1509 EAST DUVAL ST 837 E. Duval St
CITY-ST-ZIP	LAKE CITY, FL
TITLE	STD
NAME	HORNE, ELIZABETH
STREET ADDRESS	1509 EAST DUVAL ST 837 E. Duval St.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-07 (386) 752-3494