

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-04-2005 90068 036 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # F49702
 1. Entity Name
LEYOTT CORPORATION



Principal Place of Business Mailing Address
 C/O MAURICE M BOYD P O BOX 979
~~BOX 71068 15400 W. OAKLAND AVE~~ OAKLAND FL 34760-0979
 WINTER GARDEN FL ~~34777~~ 34787

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2142886** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 W:
 BOYD, MAURICE M
 15400 OAKLAND AVE P O BOX 979
~~OAKLAND FL 34760-0979~~
 WINTER GARDEN FL 34787
Correct

7. Name and Address of New Registered Agent
 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 *Maurice M Boyd* DATE *4/15/05*
Signature: Name or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when retaining)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BOYD, SHELDON SCOTT	
STREET ADDRESS	15400 OAKLAND AVE, P O BOX 979	
CITY-ST-ZIP	OAKLAND FL 34760-0979	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOYD, GRETCHEN O	
STREET ADDRESS	15400 OAKLAND AVE P O BOX 979	
CITY-ST-ZIP	OAKLAND FL 34760-0979	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>BOYD, MAURICE M. BOYD</i>	
STREET ADDRESS	<i>15400 OAKLAND AVE</i>	
CITY-ST-ZIP	<i>OAKLAND FL</i>	
TITLE	<i>P O BOX 979</i>	<input type="checkbox"/> Delete
NAME	<i>OAKLAND FL</i>	
STREET ADDRESS	<i>34760-0979</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>MAURICE M BOYD</i>	
STREET ADDRESS	<i>(15400 OAKLAND AVE)</i>	
CITY-ST-ZIP	<i>OAKLAND FL</i>	
TITLE	<i>P O BOX 979</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>OAKLAND FL</i>	
STREET ADDRESS	<i>34760-0979</i>	
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 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: *Maurice M Boyd* DATE: *3/30/05* *407*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR