


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F49702**  
 1. Entity Name  
**LEYOTT CORPORATION**



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

**DO NOT WRITE IN THIS SPACE**



04052006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2142886</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOYD, MAURICE M**  
**15400 OAKLAND AVE**  
**WINTER GARDEN, FL 34787**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYD, SHELDON SCOTT 15400 OAKLAND AVE, P O BOX 979 OAKLAND, FL 347600979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYD, GRETCHEN O 15400 OAKLAND AVE P O BOX 979 OAKLAND, FL 347600979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, MAURUCE 15400 OAKLAND AVE OAKLAND, FL 347600979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/21/06-80023-017 150.00

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: *Maurice Boyd*      4/05/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #