


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F49702 1. Entity Name LEYOTT CORPORATION	
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Principal Place of Business C/O MAURICE M BOYD 15400 W OAKLAND AVE WINTER GARDEN, FL 34787	Mailing Address P O BOX 979 OAKLAND, FL 34760-0979
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**BOYD, MAVRICE M
15400 OAKLAND AVE
WINTER GARDEN, FL 34787**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 01/05/07-80004-011 150.00

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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 M Boyd 12/30/06 407
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone 457-1333