

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H86982

1. Entity Name
LEISEY SHELL CORP.



Principal Place of Business
**3800 COCKROACH BAY BLVD
RUSKIN, FL 33570 US**

Mailing Address
**POST OFFICE BOX 7240
SUN CITY, FL 33586 US**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2627710

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEISEY, C.E., JR.
530 MANATEE DR., S.W.
RUSKIN, FL 33570**

**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, 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
**DP
LEISEY, C.E. JR.
530 MANATEE DR SW
RUSKIN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LEISEY, C.E., III
2402 19TH AVE NE
RUSKIN, FL 33570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CASEY, WILLIAM W.
PO BOX 7646
SUN CITY, FL 33586**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CASEY, LEANN T.
P.O. BOX 7646
SUN CITY, FL 33586**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000559868
05/18/06-80013-025 150.00

**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: LeAnn T. Casey **LEANN T. CASEY** 04-28-06 813-645-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #