


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90054 010 \*\*\*150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # K48901</b>  |   |    |   |
| 1. Entity Name<br><b>LEESBURG CONCRETE SEPTIC TANKS, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>% LANNIE M. THOMAS<br/>2008 WEST GRIFFIN ROAD<br/>LEESBURG FL 34748<br/>US</b>  |   | Mailing Address<br><b>% LANNIE M. THOMAS<br/>2008 WEST GRIFFIN ROAD<br/>LEESBURG FL 34748<br/>US</b>                                    |   |
| 2. Principal Place of Business<br><b>1335 THOMAS AVE</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>SAME</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>LEESBURG FL</b>  |   | City & State<br><b>FL</b>   |   |
| Zip<br><b>34748</b>   | Country<br><b>USA</b>   | Zip<br><b>34748</b>   | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>59-2920621</b>  |   | Applied For<br><input type="checkbox"/> 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<br><b>THOMAS, LANNIE M.<br/>2008 WEST GRIFFIN ROAD<br/>LEESBURG FL</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>THOMAS, LANNIE M.<br>00810 LAKE ELLA ROAD<br>FRUITLAND PARK FL <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>THOMAS, CAROLYN SUE<br>00810 LAKE ELLA ROAD<br>FRUITLAND PARK FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

352/787-4177