


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90292 022 ***150.00


DOCUMENT # K80950
 1. Entity Name
LEO'S MASONRY, INCORPORATED



Principal Place of Business Mailing Address
1474 RAIL HEAD BLVD **1474 RAIL HEAD BLVD**
NAPLES, FL 34110 US **NAPLES, FL 34110 US**

DO NOT WRITE IN THIS SPACE

66018278



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0101030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADRAGNA, LEONARDO
1474 RAIL HEAD BLVD.
NAPLES, FL 34110

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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 re-appointing)
 _____ 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	PTD. ADRAGNA, LEONARDO 1474 RAILHEAD BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ADRAGNA, TILDA 1474 RAIL HEAD BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERVASI, BEVERLY 1474 RAIL HEAD BLVD NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADRAGNA, ANDY 1474 RAIL HEAD BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *B. Gervasi* *Corp. Sec. 6/7/06* *239-598-2224*
 _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #