


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L78452 1. Entity Name LEEWOOD, INC.	
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Principal Place of Business C/O JOSEPH M. MASON, JR. 101 SOUTH MAIN ST. BROOKSVILLE, FL 34601	Mailing Address C/O JOSEPH M. MASON, JR. 101 SOUTH MAIN ST. BROOKSVILLE, FL 34601
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02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3051950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MASON, JOSEPH M., JR.
101 SOUTH MAIN ST.
BROOKSVILLE, FL 34601**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000833825
02/28/08-80028-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JUN, MICHAEL C.
STREET ADDRESS	6918 REMINGTON RD.
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	JUN, JENNY S.
STREET ADDRESS	6918 REMINGTON RD.
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08 (352) 754-1800

Date

Daytime Phone #