
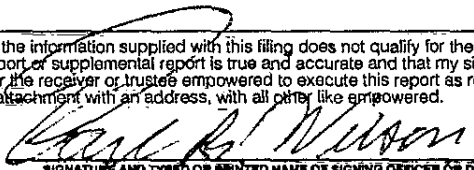


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000026165		
1. Entity Name LEELA SALES SERVICE, INC.		
Principal Place of Business 4510 N. KEY DR., #204 N. FT. MYERS, FL 33903	Mailing Address 4510 N. KEY DR., #204 N. FT. MYERS, FL 33903	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 1 TALLAHASSEE, FL 32301		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. NA SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WILSON, EARL B 4510 NO. KEY DRIVE #204 FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD WILSON, SILVIA P 4510 N. KEY DR. #204 FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JEAN 1100 26TH STREET, #621 BIRMINGHAM, AL 35205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, BILL 4909 SW 18TH STREET CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 14, 2005 <small>Date</small> (239) 656-1708 <small>Daytime Phone #</small>



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0990952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000312947
04/18/05-80105-008 150.00

**DO NOT WRITE
IN THIS SPACE**