

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026165

Entity Name: LEELA SALES SERVICE, INC.

FILED  
Mar 16, 2006  
Secretary of State

## Current Principal Place of Business:

4510 N. KEY DR., #204  
N. FT. MYERS, FL 33903

## New Principal Place of Business:

## Current Mailing Address:

4510 N. KEY DR., #204  
N. FT. MYERS, FL 33903

## New Mailing Address:

FEI Number: 65-0990952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST., STE. 1  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

EARL B. WILSON  
4510 NORTH KEY DR.  
#204  
NORTH FORT MYERS,, FL 33903 US

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.

SIGNATURE: EARL B. WILSON

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: WILSON, EARL B  
Address: 4510 NO. KEY DRIVE #204  
City-St-Zip: FORT MYERS, FL 33903

Title: VTSD ( ) Delete  
Name: WILSON, SILVIA P  
Address: 4510 N.KEY DR. #204  
City-St-Zip: FORT MYERS, FL 33903

Title: D (X) Delete  
Name: GREEN, JEAN  
Address: 1100 26TH STREET, #621  
City-St-Zip: BIRMINGHAM, AL 35205

Title: D ( ) Delete  
Name: WELCH, BILL  
Address: 4909 SW 18TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA P. WILSON

VTSD

03/16/2006

Electronic Signature of Signing Officer or Director

Date