## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000068469**

LEO GAILLARD SERVICE COMPANY

02132004

Principal Place of Business

4951 NW 45 TERR. COCONUT CREEK, FL 33073 Mailing Address 4951 NW 45 TERR. COCONUT CREEK, FL 33073

**FILED** Feb 20, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

DO NOT WRITE IN THIS SPAC	DO	SPA	IMIS	IN	WMILE		NOI	DO.
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6. Name and Address of Current Registered Agent

4. FEI Number Applied For 65-1142036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

No Chg-P

GAILLARD, LEO DO NOT WRITE 4951 NW 45 TERR. COCONUT CREEK, FL 33073 IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	pent skanatu	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.		\$5.00 May Se Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P8 GAILLARD, LEO 4951 NW 45 TERR. COCONUT CREEK, FL 33073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. ,		rz/23/14- <b>30</b> 021-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	only that the information annualled with this E			45	// Control Design of Control C

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 a formation with all other like empowered.

TUNAME OF EIGNING OFFICER OF DIFFECTO

LEO GAILLARD

PRESIDENT

2/13/04

(954) 428-3723