

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 12, 2005 08:00 AM  
Secretary of State**

|                                                                                         |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000068469</b><br>1. Entity Name<br><b>LEO GAILLARD SERVICE COMPANY</b> |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>4951 NW 45 TERR.<br/>COCONUT CREEK, FL 33073</b> | Mailing Address<br><b>4951 NW 45 TERR.<br/>COCONUT CREEK, FL 33073</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FCI Number<br><b>65-1142036</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>GAILLARD, LEO<br/>4951 NW 45 TERR.<br/>COCONUT CREEK, FL 33073</b> |
|------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_  
NOTE: Registered Agent signature required when changing

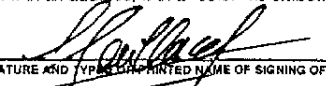
|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>PS<br/>GAILLARD, LEO<br/>4951 NW 45 TERR.<br/>COCONUT CREEK, FL 33073</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                              |

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02/14/05-80003-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

|                                                                                                       |                                          |         |                |
|-------------------------------------------------------------------------------------------------------|------------------------------------------|---------|----------------|
| <b>SIGNATURE:</b>  | <b>LEOPOLDO C. GAILLARD</b><br>PRESIDENT | 1/26/05 | (954) 428-3723 |
|-------------------------------------------------------------------------------------------------------|------------------------------------------|---------|----------------|

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Phone #