

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90176 007 \*\*\*150.00

**DOCUMENT # P01000068469**

1. Entity Name

**LEO GAILLARD SERVICE COMPANY**



Principal Place of Business

4951 NW 45 TERR.  
COCONUT CREEK, FL 33073

Mailing Address

4951 NW 45 TERR.  
COCONUT CREEK, FL 33073

2. Principal Place of Business

**4405 W ATLANTIC BLVD**

Suite, Apt. #, etc.

**1201**

3. Mailing Address

**4405 W ATLANTIC BLVD**

Suite, Apt. #, etc.

**1201**

City & State

**COCONUT CREEK FL**

City & State

**COCONUT CREEK FL**

Zip

**33066**

Country

Zip

**33066**

Country

02062006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1142036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAILLARD, LEO**  
**4951 NW 45 TERR.**  
**COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4405 W ATLANTIC BLVD # 1201**

City

**COCONUT CREEK**

**FL**

Zip Code

**33066**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **GAILLARD, LEO**  
STREET ADDRESS **4951 NW 45 TERR.**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4405 W ATLANTIC BLVD # 1201**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Leo Gaillard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEO GAILLARD, PRES.**

**2/6/06**

Date

**(954) 610-3913**

Daytime Phone #