

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90041 033 \*\*\*150.00

<b>DOCUMENT # P01000068469</b> 1. Entity Name <b>LEO GAILLARD SERVICE COMPANY</b>					
Principal Place of Business <b>4405 W. ATLANTIC BLVD. 1201 COCONUT CREEK, FL 33066</b>			Mailing Address <b>4405 W. ATLANTIC BLVD. 1201 COCONUT CREEK, FL 33066</b>		
2. Principal Place of Business - No P.O. Box # <b>4513 W ATLANTIC BLVD</b>		3. Mailing Address <b>4513 W ATLANTIC BLVD</b>			
Suite, Apt. #, etc. <b>1919</b>		Suite, Apt. #, etc. <b>1919</b>			
City & State <b>COCONUT CREEK FL</b>		City & State <b>COCONUT CREEK FL</b>			
Zip <b>33066</b>	Country	Zip <b>33066</b>	Country	02062008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-1142036</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAILLARD, LEO 4405 W. ATLANTIC BLVD. 1201 COCONUT CREEK, FL 33066</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4513 W ATLANTIC BLVD # 1919</b>  City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33066</b>		
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		<b>LEO GAILLARD</b>		<b>2/10/08</b> DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GAILLARD, LEO</b> <b>4405 W. ATLANTIC BLVD. #1201</b> <b>COCONUT CREEK, FL 33066</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4513 W ATLANTIC BLVD # 1919</b> <b>COCONUT CREEK, FL 33066</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>GAILLARD, SILVIA</b> <b>4405 W. ATLANTIC BLVD #1201</b> <b>COCONUT CREEK, FL 33066</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4513 W ATLANTIC BLVD # 1919</b> <b>COCONUT CREEK, FL 33066</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		<b>LEO GAILLARD, S.</b>		<b>2/10/08</b> <b>(454) 610-3913</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	