

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90232 018 ***150.00

DOCUMENT # P01000074628 1. Entity Name J. LEEMAN HOMES, INC.																											
Principal Place of Business 220 SE 17TH ST CAPE CORAL FL 33990 US		Mailing Address 220 SE 17TH ST CAPE CORAL FL 33990 US																									
2. Principal Place of Business 1010 SW 11TH AVE Suite, Apt. #, etc.		3. Mailing Address 1010 SW 11TH AVE Suite, Apt. #, etc.																									
City & State CAPE CORAL FLORIDA Zip 33991 Country US		City & State CAPE CORAL FLORIDA Zip 33991 Country US																									
4. FEI Number 65-1128617		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEEMAN, JACK E 220 SE 17TH ST CAPE CORAL FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <small>Signature, typed or printed name of registered agent and fee application.</small>		SIGNATURE <small>(NOTE: Registered Agent signature required when necessary)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEEMAN, JACK E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SE 17TH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAPE CORAL FL 33990</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	LEEMAN, JACK E		STREET ADDRESS	220 SE 17TH ST		CITY - ST - ZIP	CAPE CORAL FL 33990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		SIGNATURE:																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 2/16/06 <small>Daytime Phone #</small> 633-4198																									



ATTACHMENT

40032259

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

J. LEEMAN HOMES, INC.
1010 SW 11TH AVE
CAPE CORAL, FL 33990 US

Subject: J. LEEMAN HOMES, INC.

Reference Number: P01000074628

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION