

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075765

Entity Name: LEO FARMS, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

412 W. NOBLE AVE.  
#6  
WILLISTON, FL 32696

## Current Mailing Address:

412 W. NOBLE AVE.  
#6  
WILLISTON, FL 32696

## New Principal Place of Business:

40 NW 1 ST.  
#F  
WILLISTON, FL 32696

## New Mailing Address:

40 NW 1 ST.  
#F  
WILLISTON, FL 32696

FEI Number: 90-0008644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWRENCE, L. LYNN ESQ  
412 W. NOBLE AVE.  
#6  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

LAWRENCE, L. LYNN ESQ  
40 NW 1 ST.  
#F  
WILLISTON, FL 32696 US

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.

SIGNATURE: L. LYNN LAWRENCE, ESQ.

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: OGLE, EARL R  
Address: 412 W. NOBLE AVE., #6  
City-St-Zip: WILLISTON, FL 32696

Title: DST ( ) Delete  
Name: LAWRENCE OGLE, L. LYNN  
Address: 412 W. NOBLE AVE. #6  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition  
Name: OGLE, EARL R  
Address: 40 NW 1 ST.  
City-St-Zip: WILLISTON, FL 32696

Title: DST (X) Change ( ) Addition  
Name: LAWRENCE OGLE, L. LYNN  
Address: 40 NW 1 ST.  
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL R. OGLE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date