

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000066400

Entity Name: LEAVE IT 2 US, INC.

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

383 SW LEONA DR.  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

383 SW LEONA DR.  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 04-3703544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARVEY, JEFFREY P  
383 SW LEONA DR.  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: HARVEY, JEFFREY P  
Address: 383 SW LEONA DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY P HARVEY

DPT

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date