

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90028 048 \*\*\*150.00

<b>DOCUMENT # P02000079321</b> 1. Entity Name <b>LEO LAWN SERVICE, INC.</b>					
Principal Place of Business <b>P.O. BOX 740602</b> <b>BOYNTON BEACH, FL 33474-0602</b>			Mailing Address <b>9359 CROCUS COURT</b> <b>FT. MYERS, FL 33912-5485</b>		
2. Principal Place of Business <b>9359 crocus Court</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ft. Myers, FL</b>		City & State		4. FEI Number <b>68-0521324</b>	
Zip <b>33912</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELLMAN, MARK</b> <b>9359 CROCUS CT</b> <b>FORT MYERS, FL 33912</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <u><i>Mark Hellman</i></u> <b>Mark Hellman</b> <b>2-1-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HELLMAN, MARK 9359 CROCUS CT FORT MYERS, FL 339125485		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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: <u><i>Mark Hellman</i></u>			<b>2-1-06</b> <b>561-628-3591</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		