2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000079321 1. Entity Name LEO LAWN SERVICE, INC.				02-10-2006 90028 048 ***150.00				
Principal Place	of Business	Mailing Address			1	. '1		
P.O. BOX 740602 9359 CROCUS COURT								
BOYNTON BEACH, FL-33474-0602 FT. MYERS, FL 33912-5485			5485					

2. Principal Place of Business 9359 Crocus Court								
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Suite, Apt. #	, eic.	Suite, Apt. #, etc.			01242006	Chg-P	CR2E034 (11/05)	
City & State City & State				· · · · · · · · · · · · · · · · · · ·	4. FEI Number		I A	pplied For
Ft. Myers FL				68-0521324 Not Applicable				
2ip 33912 Country		Zip Country		itry	5. Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	·	 	7. Name and A	richness of New R	tegistered Agent	~
				Name				
HELLMAN,	MARK							
9359 CROCUS CT			Street Address (P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33912								
				<u></u>				
				City			FL Zip Coo	le i
The above named entity submits this statement for the purpose of changing its registered office or reg					red agent, or both,	in the State of Fic	orida. I am familiar with,	and accept
the obligation	ons of registered agent.		-		1,			
/ 0001477175	Mil Hele		N	Park He	Mayor		2-1-06	
SIGNATURE_	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE	Registers	d Agent signature required	1 when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2896 Fee will be \$550.60 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
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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. Horida 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 eath; 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

561-628-3591

Daytime Phone