


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000118729	
1. Entity Name J.R. LEYON ASSOCIATES, INC.	

Principal Place of Business 4780 DOLPHIN CAY LANE SOUTH UNIT 506 ST. PETERSBURG, FL 33711	Mailing Address 4780 DOLPHIN CAY LANE SOUTH UNIT 506 ST. PETERSBURG, FL 33711
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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2848731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LEYON, JOHN 4780 DOLPHIN CAY LANE SOUTH UNIT 506 ST. PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT LEYON, JOHN 4780 DOLPHIN CAY LANE SOUTH UNIT 506 ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS LEYON, ALTHEA K 4780 DOLPHIN CAY LANE SOUTH UNIT 506 ST. PETERSBURG, FL 33711
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03/22/06-80014-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John R. Leyon **JOHN R. LEYON** 3-7-06 727-866-9621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #