

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000118616

1. Entity Name

ISRAEL LEON & SONS FLOORING, INC.



Principal Place of Business

2008 BALMORAL COURT
TALLAHASSEE, FL 32311

Mailing Address

2008 BALMORAL COURT
TALLAHASSEE, FL 32311



02172006

No Chg-P

CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0392153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, ISRAEL
2008 BALMORAL CT
TALLAHASSEE, FL 32311

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

U00000501766
04/25/06-00077-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEON, ISRAEL
STREET ADDRESS 2008 BALMORAL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE V
NAME LEON, MISAEI
STREET ADDRESS 8903 BALMORAL DR
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ST
NAME LEON, SIOMARA M
STREET ADDRESS 2008 BALMORAL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/10/06

850-559-1788