


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000139438	
1. Entity Name LEO TETREAUULT, INC.	

Principal Place of Business 208 S GAINES ST OAK HILL FL 32759	Mailing Address 208 S GAINES ST OAK HILL FL 32759
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 56-2420613		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TETREAUULT, LEO 208 S GAINES ST OAK HILL FL 32759		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	U00000616020			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETREAUULT, LEO L		NAME	02/07/07-80011-011 150.00			
STREET ADDRESS	208 S GAINES ST		STREET ADDRESS				
CITY - ST - ZIP	OAK HILL FL 32759		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETREAUULT, JUDITH E		NAME				
STREET ADDRESS	208 S GAINES ST		STREET ADDRESS				
CITY - ST - ZIP	OAK HILL FL 32759		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Leo L. Tetreauult* **LEO L. TETREAUULT** **1-30-07 386 345 486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #