

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000156389

1. Entity Name
L.E.O. LAND DEVELOPERS, INC.



Principal Place of Business
**1205 SOUTH RIVERSIDE DRIVE
EDGEWATER, FL 32132**

Mailing Address
**1205 SOUTH RIVERSIDE DRIVE
EDGEWATER, FL 32132**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0731050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, JIM C
1205 SOUTH RIVERSIDE DRIVE
EDGEWATER, FL 32132**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCOTT, JIM C
1205 SOUTH RIVERSIDE DRIVE
EDGEWATER, FL 32132**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GOLDEY, JACK W DR
736 PRINGLE ROAD
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

000000555536
05/16/06-80036-011 150.00

**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; that I have not been removed, suspended, or annulled from office; and that I am not a person who has been removed, suspended, or annulled from office.

SIGNATURE _____

Jim C. Scott PRES. 4-28-06 3864238866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #