


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000004544	
1. Entity Name E. LEILI ASSOCIATES, INC	

Principal Place of Business 3900 MARRIOTT DR UNIT, # 9 PANAMA CITY BEACH, FL 32411 US	Mailing Address P.O. BOX 27069 PANAMA CITY BEACH, FL 32411 US
---	---

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0570727	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 LEILI, EDWARD A 3900 HARRIOT DR # 9 PANAMA CITY BEACH, FL 32411	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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S LEILI, EDWARD A 3900 MARRIOT DR, # 9 PANAMA CITY BEACH, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWENS, GARY 3474 SPOOL MILL ROAD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000869676
04/09/08-80057-016 150.00

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: 	3/24/08 Date	850-899-8711 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		