


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 040 ***150.00

DOCUMENT # P04000026965	
1. Entity Name LEYCON INCORPORATED	

Principal Place of Business 104 BERGER COURT MASCOTTE, FL 34753	Mailing Address PO BOX 865 GROVELAND, FL 34736
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2. Principal Place of Business - No P.O. Box # 2225 Olympia Fields St Suite, Apt. #, etc.	3. Mailing Address 2225 Olympia Fields St Suite, Apt. #, etc.
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City & State Mascotte FL	City & State Mascotte FL
Zip 34753	Zip 34753
Country	Country

40122007



06222007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0705396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONTRERAS, ELEAZAR 108 PALMWOOD AVE MASCOTTE, FL 34753	7. Name and Address of New Registered Agent Name: CONTRERAS, ELEAZAR Street Address (P.O. Box Number is Not Acceptable): 2225 Olympia Fields St City: Mascotte FL Zip Code: 34753
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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: <i>Eleazar Contreras</i> Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)	DATE: 6-21-07
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, ELEAZAR PO BOX 865 GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, ELEAZAR 2225 Olympia Fields St Mascotte, FL 34753 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <i>Eleazar Contreras</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/21/07 Date	Daytime Phone #
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