

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000091256	
1. Entity Name LEEPO, INC.	

Principal Place of Business 1104 SOUTH 8TH ST. FERNANDINA BEACH, FL 32034	Mailing Address 1104 SOUTH 8TH ST. FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1266496	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEEPER, EMMA L 1724 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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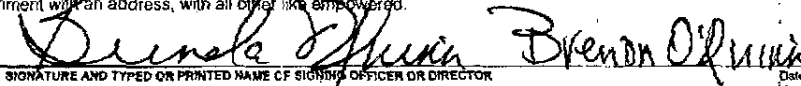
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEPER, DANIEL B P.O. BOX 250 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEPER, KATE D P.O. BOX 250 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEPER, WILLIAM H 1745 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEPER, EMMA L 1745 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'QUINN, JOHNNY J 423 BONNIEVIEW RD. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'QUINN, BRENDA L 423 BONNIEVIEW RD. FERNANDINA BEACH, FL 32034

U00000522420
05/03/06-80024-018 150.00

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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:  Brenda O'Quinn	Date 4-17-06	Daytime Phone 904 261-888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		