

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000059706

1. Entity Name
LEO B. REARDIN P.A.



Principal Place of Business
709 SEBASTIAN BLVD.
SUITE F
SEBASTIAN, FL 32958 US

Mailing Address
P.O. BOX 640
ROSELAND, FL 32957 US

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2729371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, DANIEL J
7445 N. U.S. 1
VERO BEACH, FL 32967

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEO, READIN B
STREET ADDRESS	P.O. BOX 640
CITY-ST-ZIP	ROSELAND, FL 32957
TITLE	VP
NAME	TAMMI, REARDIN J
STREET ADDRESS	P.O. BOX 640
CITY-ST-ZIP	ROSELAND, FL 32957
TITLE	SEC
NAME	TAMMI, REARDIN J
STREET ADDRESS	P.O. BOX 640
CITY-ST-ZIP	ROSELAND, FL 32957
TITLE	TRES
NAME	REARDIN, LEO B
STREET ADDRESS	P.O. BOX 640
CITY-ST-ZIP	ROSELAND, FL 32957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000749201
05/18/07-80014-003 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07 772-473-5966