

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 037 ***150.00

DOCUMENT # P05000137925

1. Entity Name
LEELYN PROPERTIES, INC.



Principal Place of Business
**2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901**

Mailing Address
**2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901**

60001304



2. Principal Place of Business

3. Mailing Address

01052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

03-0576546

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHER, STEPHEN M
2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **MAHER, STEPHEN M**
STREET ADDRESS **2077 FIRST STREET, SUITE 206**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **President** ☐ Delete
NAME **Lyn Atherton**
STREET ADDRESS **1100 Pinellas Bayway, I-3**
CITY-ST-ZIP **Tierra Verde, FL 33715**

TITLE **Secretary/Trea** ☐ Delete
NAME **Lee O'Hare**
STREET ADDRESS **1385 Summit Drive**
CITY-ST-ZIP **Fairbanks, AK 99712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/6/06
Date

727/866-1032
Daytime Phone #