

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90274 017 \*\*\*155.00

**DOCUMENT # P95000062456**

1. Entity Name

LLEDO, INC.



Principal Place of Business

109 FARMERS LN.  
VENUS FL 33960

Mailing Address

P.O. BOX 2172  
LAKE PLACID FL 33862

**60027334**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

109 FARMER'S LAKE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

VENUS FLORIDA

4. FEI Number

65-0601814

Applied For

Not Applicable

Zip

Country

Zip

Country

33960

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SANDRA O  
109 FARMERS LN.  
VENUS FL 33960

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 reactivating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 .. P ☐ Delete  
NAME ROSE, ODELL  
STREET ADDRESS 910 LAKE DRIVE EAST  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE S ☐ Delete  
NAME SMITH, RICHARD R  
STREET ADDRESS 109 FARMER'S LANE  
CITY-ST-ZIP VENUS FL

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

TITLE T ☐ Delete  
NAME SMITH, ROSE, SANDRA O  
STREET ADDRESS 109 FARMER'S LANE  
CITY-ST-ZIP VENUS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sandra O Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #