

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000065121

1. Entity Name
LEEPER-HARRIS, INC.



Principal Place of Business
**123 DOUGLAS ST
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**123 DOUGLAS ST
NEW SMYRNA BEACH, FL 32168**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3329764	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOLODINSKY, RICK
707 E. 3RD AVE
NEW SMYRNA BEACH, FL 32169**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

00000428531
02/22/06-80012-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, JEANIE
STREET ADDRESS	123 DOUGLAS
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	T
NAME	HARRIS, EDWARD N.
STREET ADDRESS	123 DOUGLAS
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
TITLE	M
NAME	MARTIN, MEGHAN
STREET ADDRESS	719 PHYLLIS AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Edward N Harris **EDWARD N HARRIS**

2-6-05

386-427-6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #