

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90369 041 ***150.00

DOCUMENT # P95000089071

1. Entity Name
R. LARRY LEFFEL, INC.



Principal Place of Business
**9768 W TERRY ST
BONITA SPRINGS, FL 34135**

Mailing Address
**PO BOX 366-306
BONITA SPRINGS, FL 34136**

40030000



2. Principal Place of Business

25616 Belle Alliance
Suite, Apt. #, etc.

3. Mailing Address

25616 Belle Alliance
Suite, Apt. #, etc.

City & State

Leesburg FL
Zip **34748** Country **USA**

City & State

Leesburg FL
Zip **34748** Country **USA**

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0622353

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEFFEL, R. LARRY
9768 W TERRY ST
BONITA SPRINGS, FL 33923**

7. Name and Address of New Registered Agent

Name **LEFFEL R LARRY**
Street Address (P.O. Box Number is Not Acceptable)
25616 Belle Alliance
City **Leesburg** FL Zip Code **34748**

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]
Signature, typed or printed name of registered agent and date, if applicable.

R. LARRY LEFFEL

(NOTE: Registered Agent signature required when reinstating)

4-14-06

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

TITLE PD ☐ Delete
NAME **LEFFEL, R. LARRY**
STREET ADDRESS **PO BOX 366-306**
CITY-ST-ZIP **BONITA SPRINGS, FL 34136**

TITLE VD ☐ Delete
NAME **LEFFEL, LINDA L**
STREET ADDRESS **PO BOX 366-306**
CITY-ST-ZIP **BONITA SPRINGS, FL 34136**

TITLE TS ☐ Delete
NAME **LEFFEL, RONALD LEIGH**
STREET ADDRESS **26959 MORTON GROVE DR.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **LEFFEL R. LARRY**
STREET ADDRESS **25616 Belle Alliance**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE VD ☒ Change ☐ Addition
NAME **LEFFEL LINDA L**
STREET ADDRESS **25616 Belle Alliance**
CITY-ST-ZIP **Leesburg, FL 34748**

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. LARRY LEFFEL

Date

Daytime Phone #

4-14-06 352-365-9908