

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000085680

Entity Name
LEO EQUITY GROUP, INC.



Principal Place of Business
ONE EAST ELEVENTH STREET
SUITE 500
RIVIERA BCH, FL 33404 US

Mailing Address
ONE EAST ELEVENTH STREET
SUITE 500
RIVIERA BCH, FL 33404 US



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3470648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCTIGHE, JOHN M.
ONE EAST ELEVENTH STREET, SUITE 500
RIVIERA, FL 33404

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

**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 DP
NAME MURRAY, FRANCIS W
STREET ADDRESS 211 BENIGNO BOULEVARD, SUITE 210
CITY-ST-ZIP BELLMAWR, NJ 08031

TITLE ST
NAME MURRAY, FRANCIS X
STREET ADDRESS ONE EADT ELEVENTH STREET, SUITE 500
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE AS
NAME MCTIGHE, JOHN M
STREET ADDRESS ONE EAST ELEVENTH STREET, SUITE 500
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE
NAME
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05/17/06-80034-023 150.00

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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: John M. McTighe, Assistant Secretary Date: April 25, 2006 Daytime Phone #: 561-845-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR