2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000012982

1. Entity Name
LEOMAR OF SOUTH FLA INC.

Principal Place of Business	Mailing Address
9920 CASSIA TREE WAY #B BOYNTON BEACH, FL 33436-3754	9920 CASSIA TREE WAY #B BOYNTON BEACH, FL 33436-3754

DO NOT WRITE IN THIS SPACE

01142006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0729755	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, EUGENE R
9920 CASSIA TREE WAY #B
BOYNTON BEACH, FL 33436-3754

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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 reinstating)   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	PVD
NAME	THOMAS, EUGENE R
STREET ADDRESS	9920 CASSIA TREE WAY #B
CITY-ST-ZIP	BOYNTON BEACH, FL 334363754
TITLE	STD
NAME	THOMAS, PATRICIA A
STREET ADDRESS	9920 CASSIA TREE WAY #B
CITY-ST-ZIP	BOYNTON BEACH, FL 334363754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80007-001 150.00

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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: X _Eugene Thomas_   X 1/21/06   X 561-733-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #