

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000012982

1. Entity Name
LEOMAR OF SOUTH FLA INC.



FILED
Jul 24, 2007 08:00 AM
Secretary of State

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

Mailing Address
9920 CASSIA TREE WAY
#B
BOYNTON BEACH, FL 33436-3754



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____ U000000770356
07/24/07-80012-022 150.00
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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: *Eugene Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

561-733-4900