

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90282 014 ***150.00

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1. Entity Name

J. LEARD CONSTRUCTION, INC.



Principal Place of Business

1655 NORTH MAGNOLIA AVE
OCALA FL 34475

Mailing Address

1655 NORTH MAGNOLIA AVE
OCALA FL 34475



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3474082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

LEARD, JOHN P
4440 SE 53RD AVE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

LEARD, JOHN P

Street Address (P.O. Box Number is Not Acceptable)

1405 SE 38TH AVE

City

OCALA

FL

Zip Code

34471

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVDS ☐ Delete
NAME LEARD, JOHN
STREET ADDRESS 24 ALMOND TRAIL
CITY-ST-ZIP Ocala FL 34472

TITLE TCMD ☐ Delete
NAME LEARD, JOHN
STREET ADDRESS 24 ALMOND TRAIL
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PVDS ☒ Change ☐ Addition
NAME LEARD, JOHN
STREET ADDRESS 1405 SE 38TH AVE
CITY-ST-ZIP Ocala, FL 34471

TITLE TCMD ☒ Change ☐ Addition
NAME LEARD, JOHN
STREET ADDRESS 1405 SE 38TH AVE
CITY-ST-ZIP Ocala FL 34471

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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P Leard JOHN P LEARD 4-4-06 3526241616