2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 08:00 A Secretary of State

1000

DOCUMENT # P99000020102 1. Entity Name LEEVON PROPERTIES, INC.						Secreta	ry of St
Principal Plac		Mailing Address 3650 HELENE ST.]			
SARASOTA, F		SARASOTA, FL 34233					
	O NOT WRITE	IN THIS SPA	CE	02222007 4. FEI Number 65-089		CR2E034 (1	
					of Status Desired		5 Additional equired
., , , 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	6. Name and Address of Current Re	gistered Agent		الله كالما الله	m Llandelata	42 11 54 12	1.1561451
3650 HELE	PERGER, DONALD L ENE ST. A, FL 34233		8 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Fair the	NOT W THIS SP	رابية وتوحر	
	named entity submits this statement for trions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	th, in the State of Flo	orida. I am familia	r with, and accept
SIGNÂTURE.	ions of registered agent.						<u>:</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ed Agent signature required	d when reinstating)	, , ,	DATE	\$.c !!"
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS		****	中性技术等		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST REIGELSPERGER, DONALD L 3650 HELENE ST. SARASOTA, FL 34233						150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REIGELSPERGER, GAIL 3650 HELENE ST. SARASOTA, FL 34233						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP		*					

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 of discovered 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 attact ment with an address, with all other like empowered.

SIGNATURE: 2

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07

941 924-6350

Date

Daytime Phone ≢