2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92665

Entity Name: LEELCO, INC.

Name:

Address: City-St-Zip: SCATA, CATHY

613 BARBARA LANE

JACKSONVILLE BEACH, FL 32250

FILED Mar 10, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 104	/ERSITY BLVD V VILLE, FL 32217		101 CENTURY 21 DR SUITE 104-A JACKSONVILLE, FL		
Current Mailing Address:			· ·	New Mailing Address:	
PO BOX 1 JACKSON	1508 VILLE, FL 32239) US			
FEI Number	: 59-3091193	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
P. O. BOX JACKSON	VILLE, FL 32239		ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.		- mp - c - c - c - c - c - c - c - c - c -		
SIGNATU					
	Electronic	Signature of Registered Age	ent	Date	
Election Car	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () D LUTHER, BAXTEF 8209 FT CAROLIN JACKSONVILLE,	R E NE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () D BRANCH, GWENI 6114 KELLOW DI JACKSONVILLE,	OOLYN L	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP (X) D	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GWENDOLYN L. BRANCH ST 03/10/2008