

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F04000006600

1. Entity Name

EARLY OUT SERVICES, INC.



Principal Place of Business

8429 BLONDO STREET
OMAHA, NE 68134

Mailing Address

8429 BLONDO STREET
OMAHA, NE 68134



04242006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0738489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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

000000556803
05/17/06-80024-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LEAVITT, ROBERT LEE
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134
TITLE	VCT
NAME	LEAVITT, RUSSELL JAMES
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134
TITLE	SDV
NAME	YAKEL, THERESE MARIE
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134
TITLE	D
NAME	YAKEL, PAUL JACOB
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134
TITLE	D
NAME	LEAVITT, SANDRA ANN
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134
TITLE	D
NAME	LEAVITT, ELSIE ANNE
STREET ADDRESS	8429 BLONDO STREET
CITY-ST-ZIP	OMAHA, NE 68134

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell Leavitt VP-Treasurer

4/24/06

402-397-6985