

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 112432

FILED
Jan 15, 2008
Secretary of State

Entity Name: FLORI DE LEON APARTMENTS, INC.

Current Principal Place of Business:

130 4TH AVENUE NORTH
OFFICE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

130 4TH AVE N.
OFFICE
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-0245330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, WILLIAM
5901 SUN BLVD.
SUITE 203
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

WCN
5901 SUN BLVD.
SUITE 203
SAINT PETERSBURG, FL 33715 US

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.

SIGNATURE: WCN

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAMEY, CATHERINE
Address: 5901 SUN BLVD. #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VPD () Delete
Name: RENOLDS, ROBERT
Address: 5901 SUN BLVD. #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: DS () Delete
Name: LEBOWITZ, RUTH
Address: 5901 SUN BLVD., #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D () Delete
Name: DUNNE, JOHN
Address: 5901 SUN BLVD., #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D () Delete
Name: WILSON, JOYCE
Address: 5901 SUN BLVD., #203
City-St-Zip: ST. PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WCN

RA

01/15/2008

Electronic Signature of Signing Officer or Director

Date