

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219505

Entity Name: LEFFLER COMPANY

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1950 LAUREL MANOR DR., SUITE 120
THE VILLAGES, FL 32162 US

New Principal Place of Business:

Current Mailing Address:

1950 LAUREL MANOR DR., SUITE 120
THE VILLAGES, FL 32162 US

New Mailing Address:

FEI Number: 59-6064452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEFFLER, KENNETH M
Address: 1400 WINDSOR AVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CUMMINGS, MARY L
Address: 421 S. VIRGINIA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WALLING, BENNETT
Address: 1980 LAURAL MANOR DR. SUITE 120
City-St-Zip: THE VILLAGES, FL 32161 56

Title: D () Delete
Name: MARY, PFLUEGGER
Address: 2005 SOUTH OAK AVE
City-St-Zip: SANFORD, FL 32711

Title: DP () Delete
Name: STUART, WALLING
Address: 5229 S. VIEW PT.
City-St-Zip: HOMOSASSA, FL 34448

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: STUART WALLING

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date