

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 219505

Entity Name: LEFFLER COMPANY

FILED  
Oct 12, 2009  
Secretary of State

## Current Principal Place of Business:

300-1 RICHEY RD.  
LEESBURG, FL 34748 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 490139  
LEESBURG, FL 347490139

## 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

## 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: D (X) Change ( ) Addition  
Name: IWANIW, SUSAN L  
Address: 1082 FEATHER DRIVE  
City-St-Zip: DELTONA, FL 32725

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

10/12/2009

Electronic Signature of Signing Officer or Director

Date