

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 537954**



Entity Name

**LEONARD MOTORS, INC.**

Principal Place of Business

**WEST 15TH ST.  
PANAMA CITY FL 32401-2237**

Mailing Address

**2116 COUNTRY CLUB DR.  
LYNN HAVEN FL 32444**



Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

**59-1268689**

Applied For  
Not Applied

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARD, J W  
2116 COUNTRY CLUB DR  
LYNN HAVEN FL 32444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I, 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**  
**Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD	LEONARD, J. W.	<input type="checkbox"/> Delete
ADDRESS	2116 COUNTRY CLUB DR	
CITY-STATE-ZIP	LYNN HAVEN FL	
ST	PRESCOTT, LORI A	<input type="checkbox"/> Delete
ADDRESS	3621 OAK KNOLL CT	
CITY-STATE-ZIP	PANAMA CITY FL 32408	
VP	LEONARD, S. LYN	<input type="checkbox"/> Delete
ADDRESS	801 BALBOA AVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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01/30/06-80014-024 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information provided 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. Leonard*

1/23/06 850-271-888