


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 568372</b> 1. Entity Name <b>LEON ABSTRACT COMPANY</b>	
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Principal Place of Business <b>6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822</b>	Mailing Address <b>P. O. BOX 628600 ORLANDO, FL 32862-8600</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KNOX, R. JAMES 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000031464</b> <b>02/04/04-80151-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOVALESKI, CHARLES J. 4120 GABRIELLA LANE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, R. NORWOOD, III 6630 CONWAY LAKES DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JONES, JIMMY R. 3417 GRANT BLVD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  
**R. NORWOOD GAY, III**

**1-22-04** **800-275-6273**  
Date Daytime Phone #