

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 568372

1. Entity Name
LEON ABSTRACT COMPANY



Principal Place of Business
**6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822**

Mailing Address
**P. O. BOX 628600
ORLANDO, FL 32862-8600**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0631041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNER, W T
6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOVALESKI, CHARLES J.
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	SD
NAME	GAY, R. NORWOOD, III
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VTD
NAME	JONES, JIMMY R.
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80043-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

1-22-07 800-775-6213