

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90151 013 \*\*\*150.00

<b>DOCUMENT # 646492</b>	
1. Entity Name <b>CHARLES M. LEONARD, INC.</b>	



Principal Place of Business <b>2426 MAYPORT ROAD STE 1 ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>2426 MAYPORT ROAD STE 4 ATLANTIC BEACH, FL 32233</b>
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**40027014**



2. Principal Place of Business <b>2426 Mayport Road</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Ste 4</b>		Suite, Apt. #, etc.	
City & State <b>Atlantic Beach, FL</b>		City & State	
Zip <b>32224</b>	Country <b>Dival</b>	Zip	Country

02232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>LEONARD, CHARLES M. 509 LIGHTHOUSE COURT NEPTUNE BEACH, FL 32266</b>		7. Name and Address of New Registered Agent Name <b>Leonard, Charles M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13099 Highland Glen Way East</b> <b>Jacksonville,</b> City <b>FL</b> Zip Code <b>32224</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

*Charles M. Leonard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**March 3, 2006**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEONARD, CHARLES M 509 LIGHTHOUSE COURT NEPTUNE BCH, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Leonard, Charles M 13099 Highland Glen Way East Jacksonville, FL 32224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Charles M. Leonard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 3, 2006**

Date

**904/241-7675**

Daytime Phone #

Charles M. Leonard



ATTACHMENT

40027014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

CHARLES M. LEONARD, INC.  
2426 MAYPORT ROAD  
STE 4  
ATLANTIC BEACH, FL 32233

SUBJECT: CHARLES M. LEONARD, INC.  
Ref. Number: 646492

We have received your document for CHARLES M. LEONARD, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 806A00013277