2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697536

Entity Name: LEEF & JONES OF FLORIDA, INC.

FILED Jan 18, 2008 Secretary of State

,							
Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 967 ISLAMORADA, FL 33036				81300 OLD STATE HIGHWAY ISLAMORADA, FL 33036-967			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 967 ISLAMORADA, FL 33036				81300 OLD STATE HIGHWAY ISLAMORADA, FL 33036-967			
FEI Number: 59-2120869 FEI Number Applied For () FEI		FEI Number I	umber Not Applicable ()		Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEEF, ROBERT A 81300 OLD STATE HWY. ISLAMORADA, FL 330360967 US				LEEF, ROBERT A 81300 OLD STATE HWY. ISLAMORADA, FL 33036-967 US			
	named entity e of Florida.	submits this statement for the	purpose of cha	inging i	ts registered	l office or registered agent, c	r both,
SIGNATURE:				01/18/2008			
	Electron	nic Signature of Registered Ag	gent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEEF, ROBER	「ATE HIGHWAY	Title: Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Nam Addr City-	e:	LEEF, JOAN	STATE HIGHWAY	

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: JOANNE LEEF O 01/18/2008