

DOCUMENT # A01000000877

1. Entity Name

LEONARD ENTERPRISES, LTD.



**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

PO BOX 368  
BLOUNTSTOWN FL 32424PO BOX 368  
BLOUNTSTOWN FL 32424

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/06)

4. FEI Number

59-3749438

Applied For

Not Applicable

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, BURKE H  
 1701 PEAR ST  
 BLOUNTSTOWN FL 33424

Name

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

City

FL

Zip Code

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

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

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	LEATH, MARTHA H	1701 PEAR ST	BLOUNTSTOWN FL 33424				
	LEONARD, BURKE H	1701 PEAR ST	BLOUNTSTOWN FL 33424				

U000000611890  
 02/02/07-80083-008 500.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-19-07

STAPLE CHECK HERE