

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003183

FILED
Feb 21, 2007
Secretary of State

Entity Name: GREENLEAF CAPITAL MANAGEMENT CORPORATION

Current Principal Place of Business:

433 WEST FOURTH ST.
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1396
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 34-1186795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENLEAF, GEOFFREY J
5000 GASPARIALLA RD.
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: GREENLEAF, GEOFFREY J
Address: 20600 CHAGRIN BLVD., STE. 803
City-St-Zip: SHAKER HTS., OH 44122

Title: DVS () Delete
Name: COWELL, ENSIGN J
Address: 20600 CHAGRIN BLVD., STE. 803
City-St-Zip: SHAKER HTS, OH 44122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA MEHLMAN

MRS

02/21/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date