## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02871

FILED Apr 19, 2006 Secretary of State

Entity Name: T. LEONARD INSURANCE AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

422 PARKWAY CT 2950 VALENCIA WAY

FORT MYERS, FL 339193118 FORT MYERS, FL 339016641

Current Mailing Address: New Mailing Address:

422 PARKWAY CT 2950 VALENCIA WAY

FORT MYERS, FL 339193118 FORT MYERS, FL 339016641

FEI Number: 65-0148329 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONARD, TAL
422 PARKWAY CT
2950 VALENCIA WAY

FORT MYERS, FL 33919 US FORT MYERS, FL 33901 US

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: 04/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition

 Name:
 LEONARD, TAL,
 Name:
 LEONARD, TAL,

 Address:
 422 PARKWAY CT
 Address:
 2950 VALENCIA WAY

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33901

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LEONARD, MICHAEL,
 Name:
 LEONARD, MICHAEL,

 Address:
 2030 MCGREGOR BL
 Address:
 1614 COLONIAL BL

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:
 FORT MYERS, FL 33907

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LEONARD, TAL T
 Name:
 LEONARD, TAL T

 Address:
 422 PARKWAY CT
 Address:
 2950 VALENCIA WAY

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33901

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: TAL T LEONARD PST 04/19/2006