

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02871

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** T. LEONARD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2950 VALENCIA WAY  
FORT MYERS, FL 339016641

**New Principal Place of Business:**

9861 MAINSAIL COURT  
FORT MYERS, FL 339193146

**Current Mailing Address:**

2950 VALENCIA WAY  
FORT MYERS, FL 339016641

**New Mailing Address:**

9861 MAINSAIL COURT  
FORT MYERS, FL 339013146

**FEI Number:** 65-0148329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONARD, TAL  
2950 VALENCIA WAY  
FORT MYERS, FL 33901 US

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

LEONARD, TAL  
9861 MAINSAIL COURT  
FORT MYERS, FL 339193146 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: TAL LEONARD

02/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LEONARD, TAL  
Address: 9861 MAINSAIL COURT  
City-St-Zip: FORT MYERS, FL 339193146

Title: V  
Name: LEONARD, MICHAEL  
Address: 2050 MCGREGOR BL  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: LEONARD, TAL T  
Address: 9861 MAINSAIL COURT  
City-St-Zip: FORT MYERS, FL 339193146

I hereby 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 all other like empowered.

SIGNATURE: TAL LEONARD

PST

02/19/2011

Electronic Signature of Signing Officer or Director

Date