

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004373

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: LEONE CONSTRUCTION INC.

## Current Principal Place of Business:

5415 VINTAGE VIEW PASS  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

5415 VINTAGE VIEW PASS  
LAKELAND, FL 33813

## New Mailing Address:

2984 VINTAGE VIEW BLVD  
LAKELAND, FL 33813

FEI Number: 16-1239913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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: PCD ( ) Delete  
Name: LEONE, DOROTHY  
Address: 635 HOPKINS ROAD  
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: VSD ( ) Delete  
Name: LEONE, ARIELLE  
Address: 2984 VINTAGE VIEW CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete  
Name: RUPP, LINDA  
Address: 127 KANDAHAR DRIVE  
City-St-Zip: EAST AURORA, NY 14052

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ARIELLE A. LEONE

VSD

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date