

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G78507

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** LEON MORSON INSURANCE INC.

**Current Principal Place of Business:**

2144 TYLER STREET  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

2144 TYLER STREET  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 59-2368223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORSON, LEON  
3050 COVE DR  
PEMBROKE PINES, FL 33027 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORSON, LEON  
Address: 3050 COVE DR  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: LEON MORSON

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04/12/2011

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

\_\_\_\_\_ Date