


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90302 022 \*\*\*150.00

<b>DOCUMENT # G91201</b> 1. Entity Name <b>MARK D. LEONARD ENTERPRISES, INC.</b>					
Principal Place of Business <b>ROUTE 4 BOX 410 LAKE CITY, FL 32024 US</b>				Mailing Address <b>ROUTE 4, BOX 410 LAKE CITY, FL 32024</b>	
2. Principal Place of Business <b>134 SW VELVET GLEN TR.</b>		3. Mailing Address <b>134 SW VELVET GLEN TR.</b>			
Suite, Apt. #, etc. <b>LAKE CITY FL</b>		Suite, Apt. #, etc. 			
City & State 		City & State <b>LAKE CITY FL</b>		4. FEI Number <b>59-2422937</b>	
Zip <b>32024</b>		Country <b>Columbia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEONARD, MARK D ROUTE 4, BOX 410 LAKE CITY, FL 32024</b>			7. Name and Address of New Registered Agent Name <b>Mark D LEONARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>134 S.W. VELVET GLEN TR.</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32024</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Mark D. Leonard</i></u> <b>MARK D LEONARD</b> <b>4-25-5</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, MARK D. RT 4 BOX 410 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, MARK D. 134 S.W. VELVET GLEN TR. LAKE CITY FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Mark D. Leonard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-25-5</b> <b>386 3973620</b> <small>Date Daytime Phone #</small>		