

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01630

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** LEONARD D. MARSOCCI, C.P.A., P.A.

**Current Principal Place of Business:**

3815 W HUMPHREY ST #101  
TAMPA, FL 33614

**New Principal Place of Business:**

3815 W HUMPHREY ST #101  
TAMPA, FL 33614 UN

**Current Mailing Address:**

3815 W HUMPHREY ST #101  
TAMPA, FL 33614

**New Mailing Address:**

3815 W HUMPHREY ST #101  
TAMPA, FL 33614 UN

**FEI Number:** 59-2852299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSOCCI, LEONARD D., C.P.A.  
3815 W HUMPHREY ST, #101  
TAMPA, FL 33614 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: D  
Name: MARSOCCI, LEONARD D., CPA  
Address: 3815 W HUMPHREY ST, #101  
City-St-Zip: TAMPA, FL

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: LEONARD D MARSOCCI

D

03/22/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date