

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11758

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** LESLIE SAUNDERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1535 NORTH DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

1535 NORTH DALE MABRY HWY  
SUITE 101  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 59-2864999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUBLEY & BUBLEY, PA  
3820 NORTHDAL BLVD  
STE 312  
TAMPA, FL 33624 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: PRES  
Name: SAUNDERS, LESLIE A  
Address: 1535 NORTH DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548 US

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:** LESLIE A SAUNDERS

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date