

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000006329

**Entity Name:** LEOMARIE ENTERPRISES, INC.

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4994 NW 39TH AVE., SUITE D  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

4994 NW 39TH AVE., SUITE D  
GAINESVILLE, FL 32606 UN

**Current Mailing Address:**

4994 NW 39TH AVE., SUITE D  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3622263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS, KIM M  
365 TURKEY CREEK  
ALACHUA, FL 32615 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: CROSS, KIM M  
Address: 4994 NW 39TH AVE., SUITE D  
City-St-Zip: GAINESVILLE, FL 32606

Title: P  
Name: CROSS, KIM M  
Address: 4994 NW 39TH AVE STE D  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: CROSS, WILFRED L  
Address: 365 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615 UN

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: KIM CROSS

P

06/29/2011

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

\_\_\_\_\_  
Date