2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# P00000006329

Entity Name: LEOMARIE ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 PRES 04/18/2012

Electronic Signature of Signing Officer or Director Date