

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90056 041 ***150.00

DOCUMENT # P00000086341

1. Entity Name
HAL J. LEOPARD P.A.



Principal Place of Business
4538 SE 5TH PLACE #9
CAPE CORAL, FL 33904

Mailing Address
4538 SE 5TH PLACE #9
CAPE CORAL, FL 33904



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1039916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEOPARD, HAL J
4538 SE 5TH PLACE #9
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
LEOPARD, HAL J
STREET ADDRESS
4538 SE 5TH PLACE #9
CITY-ST-ZIP
CAPE CORAL, FL 33904

TITLE
NAME
D
LEOPARD, JESSIE J
STREET ADDRESS
4538 SE 5TH PLACE #9
CITY-ST-ZIP
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: X P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/23/04 X 800 741 1101
Date Daytime Phone #