## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000092659

Title:

Name:

Address:

City-St-Zip:

( ) Delete

3314 ARDEN VILLAS BLVD., 11

LECKEY, SAMANTHA

ORLANDO, FL 32817

FILED Feb 15, 2008 Secretary of State

Entity Name: BRUCE LECKEY FINANCIAL GROUP, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4704 5TH ST W BRADENTON, FL 34207	7119 91ST ST E PALMETTO, FL 34221
Current Mailing Address:	New Mailing Address:
4704 5TH ST W BRADENTON, FL 34207	7119 91ST ST E PALMETTO, FL 34221
FEI Number: 65-1045503 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LECKEY, BRUCE CPA 4704 5TH ST W BRADENTON, FL 34207 US	LECKEY, BRUCE CPA 7119 91ST ST E PALMETTO, FL 34221 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: BRUCE LECKEY	02/15/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$
Title:         PD () Delete           Name:         LECKEY, BRUCE           Address:         7119 91ST ST E           City-St-Zip:         PALMETTO, FL 34221	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         VD         ( ) Delete           Name:         LECKEY, CANDY LOU           Address:         7119 91ST ST. E           City-St-Zip:         PALMETTO, FL 34221	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE LECKEY PD 02/15/2008

(X) Change ( ) Addition

LECKEY, SAMANTHA

ORLANDO, FL 32828

12049 ASHTON MANOR WAY