


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114542	
1. Entity Name JAMES G. LEKER, M.D., P.A.	

Principal Place of Business 976 GONDOLIER BLVD. GULF BREEZE, FL 32563	Mailing Address 976 GONDOLIER BLVD. GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE



D1102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3687100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEKER, JAMES G
1000 W. MORENO ST.
PENSACOLA, FL 32501**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	D LEKER, JAMES G 976 GONDOLIER BLVD. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEKER, JANICE M 976 GONDOLIER BLVD. GULF BREEZE, FL 32563
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/06 852 934-5634
Date Daytime Phone #