


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000000960
 1. Entity Name
 GLORIA N. LEOPARD, INC.



Principal Place of Business Mailing Address
 1153 48TH STREET N. 1153 48TH STREET N.
 SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 33713 US



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3689968	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
 LEOPARD, GLORIA N
 1153 48TH STREET NORTH
 SAINT PETERSBURG, FL 33713

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000659299
 03/16/07-80024-820-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEOPARD, GLORIA N 1153 48TH STREET NORTH SAINT PETERSBURG, FL 33713
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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 information.

SIGNATURE: GLORIA N. LEOPARD *Gloria N. Leopard* 1-27-07 727-204-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #