

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 010 ***150.00

DOCUMENT # P01000055110

1. Entity Name

GLEN A LEOPARD INC



Principal Place of Business

4756 NE 105TH PLACE
ANTHONY FL 32617

Mailing Address

4756 NE 105TH PLACE
ANTHONY FL 32617

2. Principal Place of Business

4411 NE 3RD STREET

Suite, Apt. #, etc.

3. Mailing Address

4411 NE 3RD STREET

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3312353

Applied For

Not Applicable

Zip

34470

Country

USA

Zip

34470

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPARD, GLEN A
4756 NE 105TH PLACE
ANTHONY FL 32617

7. Name and Address of New Registered Agent

Name

THOMAS R. WILDING

Street Address (P.O. Box Number is Not Acceptable)

4411 NE 3RD STREET

City

Ocala

FL

Zip Code

34470

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

Thomas R. Wilding

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

(NOTE: Registered Agent signature required when reinstating)

2-16-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEOPARD, GLEN A
STREET ADDRESS 4756 NE 105TH PLACE
CITY-ST-ZIP ANTHONY FL 32617 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE THOMAS R. WILDING
NAME
STREET ADDRESS 4411 NE 3RD STREET
CITY-ST-ZIP Ocala, FL. 34470 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas R. Wilding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

Daytime Phone #