

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90020 027 \*\*\*158.75

**DOCUMENT # P02000035330**

1. Entity Name

PETER F. LEENMAN & ASSOC. INC.



Principal Place of Business

70 BAY WALK COURT  
MIRAMAR BEACH FL 32550

Mailing Address

70 BAY WALK COURT  
MIRAMAR BEACH FL 32550

2. Principal Place of Business

475 SANDY CAY DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

475 SANDY CAY DRIVE  
Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FL

Zip  
32550

Country  
USA

City & State

MIRAMAR BEACH, FL

Zip  
32550

Country  
USA

4. FEI Number

03-0454533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

LEENMAN, PETER F  
14471 SW 139TH AVE. CIRCLE WEST  
MIAMI FL 33186  
475 SANDY CAY DRIVE  
MIRAMAR BEACH, FL 32550-8258

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

1/26/06

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEENMAN, PETER F  
14471 SW 139TH AVE. CIRCLE WEST  
MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
SEIDEL, MONICA E  
14471 SW 139TH AVE. CIRCLE WEST  
MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
PETER F. LEENMAN  
475 SANDY CAY DRIVE  
MIRAMAR BEACH, FL 32550 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
MONICA E. SEIDEL-LEENMAN  
475 SANDY CAY DRIVE  
MIRAMAR BEACH, FL 32550 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06 850-368-5072