

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041670

FILED
Feb 15, 2007
Secretary of State

Entity Name: LEIENDECKER & WILENIUS, INC.

Current Principal Place of Business:

1411 SE 47TH ST., #09
CAPE CORAL, FL 33904

New Principal Place of Business:

2735 SANTA BARBARA BLVD. SUITE 201
CAPE CORAL, FL 33914

Current Mailing Address:

8843 TROPICAL CT.
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 01-0737036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ.
4427 SE 16TH PLACE #2
SUITE C
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

WRIGHT, CHRISTINE F ESQ.
2735 SANTA BARBARA BLVD SUITE 201
SUITE C
CAPE CORAL, FL 33914 US

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.

SIGNATURE: WRIGHT, CHRISTINE, F.

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEIENDECKER, GUIDO
Address: 8843 TROPICAL CT.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: WILENIUS, YVONNE
Address: 215 S.W. 45TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: O () Delete
Name: LEIENDECKER, RUTH
Address: 8843 TROPICAL CT.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LEIENDECKER, RUTH

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02/15/2007

Electronic Signature of Signing Officer or Director

Date