

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051019

FILED
Jul 07, 2008
Secretary of State

Entity Name: THE LEONE FAMILY GROUP, INC.

Current Principal Place of Business:

4509 D FIG ST
D
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4509 D FIG ST
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0711710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, SALVATORE
4509 D FIG ST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEONE, SALVATORE
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: JEANETTE, SALVATORE
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

Title: DS () Delete
Name: MESSINA, PATRIZIA M
Address: 3415 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: LEONE, ANTHONY
Address: 4509 D FIG ST
City-St-Zip: TAMPA, FL 33609

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SALVATORE LEONE

DP

07/07/2008

Electronic Signature of Signing Officer or Director

Date