

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000126

**FILED**  
**May 28, 2005**  
**Secretary of State**

**Entity Name:** LEONE MARKETING RESEARCH, INC.

**Current Principal Place of Business:**

3558 WOODLEY PARK PLACE  
OVIEDO, FL 32765

**New Principal Place of Business:**

2784 HAZEL GROVE LANE  
OVIEDO, FL 32766

**Current Mailing Address:**

4250 ALAFAYA TRAIL SUITE 212-410  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 90-0059520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGUNDER, KARL A ESQ  
1565 GEMINI CT  
OVIEDO, FL 32765 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TRIMBOLI, FELICIA L  
Address: 3558 WOODLEY PARK PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: V ( ) Delete  
Name: TRIMBOLI, ROY F  
Address: 3558 WOODLEY PARK PLACE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: TRIMBOLI, FELICIA L  
Address: 2784 HAZEL GROVE LANE  
City-St-Zip: OVIEDO, FL 32766

Title: V (X) Change ( ) Addition  
Name: TRIMBOLI, ROY F  
Address: 2784 HAZEL GROVE LANE  
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FELICIA L TRIMBOLI

PST

05/28/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date