


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000023011 1. Entity Name THE LEONARDI COMPANY CONTRACTING, INC.	
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Principal Place of Business 1314 JAMBALANA LANE FORT MYERS, FL 33901	Mailing Address 1314 JAMBALANA LANE FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

	
07172006	No Chg-P CR2E034 (11/05)
4. FEI Number 11-3680013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARDI, JOHN S
1314 JAMBALANA LANE
FORT MYERS, FL 33901**

DO NOT WRITE IN THIS SPACE

8. The above named entry 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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000571446
07/20/06-80009-015 \$50.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEONARDI, JOHN S 1314 JAMBALANA LANE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEONARDI, ALBERT A 1314 JAMBALANA LANE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEONARDI, DIANNE C 1314 JAMBALANA LANE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dianne C. Leonardi, S/T Dianne C. Leonardi 7/17/2006 239-278-1698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #