

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90064 037 \*\*\*150.00  
 09-12-2005 90004 032 \*\*\*400.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P04000042605**

1. Entity Name  
**G&S LEONARD, INC.**



Principal Place of Business      Mailing Address  
**3261 BISCAYNE DRIVE**      **3261 BISCAYNE DRIVE**  
**MERRITT ISLAND, FL 32953**      **MERRITT ISLAND, FL 32953**

**50066469**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07222005      Chg-P      CR2E034 (10/03)

4. FEI Number **321**  
**42-16260755**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, GERARD**  
**3261 BISCAYNE DRIVE**  
**MERRITT ISLAND, FL 32953**

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 \_\_\_\_\_ DATE **8/26/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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	<b>P</b> <b>LEONARD, GERARD</b> <b>3261 BISCAYNE DRIVE</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_ DATE **9/28/05** DAYTIME PHONE # **321 630 9501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50066469  
# P0400042605

July 25, 2005

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2005.

The reason for the late filing is that we didn't receive the first postcard.

Based on the above reason, we ask for the penalties and reinstatement fees to be waived.

Thank you for your consideration.

G & S Leonard, Inc.