# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**Apr 22, 2005 8:00 am**
**Secretary of State**

04-06-2005 90113 045 ***150.00

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03252005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000048396

1. Entity Name
RON LEONARD & ASSOCIATES, INC.

Principal Place of Business
9848 GRAND VERDE WAY SUITE 1116
BOCA RATON, FL 33428 US

Mailing Address
9848 GRAND VERDE WAY SUITE 1116
BOCA RATON, FL 33428 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-0876404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEONARD, RONALD S
6503 N. MILITARY TRAIL #1100
BOCA RATON, FL 33496

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D, P | ☐ Delete |
| NAME | LEONARD, RONALD S | |
| STREET ADDRESS | 9848 GRAND VERDE WAY SUITE 1116 | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | |
| TITLE | S, T | ☐ Delete |
| NAME | LEONARD, RONALD S | |
| STREET ADDRESS | 9848 GRAND VERDE WAY SUITE 1116 | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | |
| TITLE | CEO | ☐ Delete |
| NAME | LEONARD, RONALD S | |
| STREET ADDRESS | 9848 GRAND VERDE WAY SUITE 1116 | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | |
| TITLE | | ☐ Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: RONALD S. LEONARD 4/1/05 (561) 487-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #