

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90024 018 \*\*\*150.00

<b>DOCUMENT # P04000150904</b> 1. Entity Name <b>LEONARD JOSEPH &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>2296 NW 30TH PLACE POMPANO BEACH, FL 33069 US</b>			Mailing Address <b>2296 NW 30TH PLACE POMPANO BEACH, FL 33069 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1840547</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIPAOLA, LEONARD 2296 NW 30TH PLACE POMPANO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name <b>Di Paolo</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIPAULO, LEONARD 2296 NW 30TH PLACE POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIPAOLA, LINDA 2296 NW 30TH PLACE POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Di Paolo LINDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/18/08</b> Daytime Phone # <b>954-255-5725</b>		

4002300



02162008 Chg-P CR2E034 (12/06)

#P04000150904

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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** P04000150904

**Business Entity Name** LEONARD JOSEPH & ASSOCIATES, INC.

**Original File Date** 11/03/2004

**FEI Number** 20-1840547

**Principal Address** 2296 NW 30TH PLACE  
POMPANO BEACH, FL 33069 US

**Mailing Address** 2296 NW 30TH PLACE  
POMPANO BEACH, FL 33069 US

**Registered Agent** LEONARD DIPAOLO  
2296 NW 30TH PLACE  
POMPANO BEACH, FL 33069 US

### Officer/Director Name And Address

D  
LEONARD DIPAOLO  
2296 NW 30TH PLACE  
POMPANO BEACH, FL 33069 US

P  
LINDA DIPAOLO  
2296 NW 30TH PLACE  
POMPANO BEACH, FL 33069 US

If all of the above  
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any changes, please  
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