

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049887

FILED
Apr 30, 2007
Secretary of State

Entity Name: LESLIE A. LEOPOLD, P.A.

Current Principal Place of Business:

P.O. BOX 1137
ISLAMORADA, FL 33036

New Principal Place of Business:

272 S COCONUT PALM BLVD
TAVERNIER, FL 33070

Current Mailing Address:

P.O. BOX 1137
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 20-2624308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATARINEAU, JOE A ESQ
91760 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 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: P () Delete
Name: LEOPOLD, LESLIE A
Address: P.O. BOX 1137
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEOPOLD, LESLIE A
Address: 272 S COCONUT PALM BLVD
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LESLIE A LEOPOLD

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date