


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P05000057325
 1. Entity Name
LEON MOODY, PA



Principal Place of Business Mailing Address
25353 FLYING EBONY LANE **25353 FLYING EBONY LANE**
WESLEY CHAPEL, FL 33544 **WESLEY CHAPEL, FL 33544**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-2742426 Not Applicable

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

6. Name and Address of Current Registered Agent
MOODY, LEON
25353 FLYING EBONY LANE
WESLEY CHAPEL, FL 33544

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PD |
| NAME | MOODY, LEON |
| STREET ADDRESS | 25353 FLYING EBONY LANE |
| CITY-ST-ZIP | WESLEY CHAPEL, FL 33544 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/29/07-80001-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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 by the 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 the information on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

