

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000083477

1. Entity Name
LEON LEATHER COMPANY INC



Principal Place of Business
140 LAKESIDE E
PT ORANGE, FL 32128

Mailing Address
140 LAKESIDE E
PT ORANGE, FL 32128



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2584330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALCANTARA, LEON
140 LAKESIDE E
PT ORANGE, FL 32128

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000654058
03/13/07-80047-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALCANTARA, LEON
STREET ADDRESS	% 140 LAKESIDE E
CITY-STATE-ZIP	PT ORANGE, FL 32128
TITLE	V
NAME	ALCANTARA, ANDREW W
STREET ADDRESS	% 140 LAKESIDE E
CITY-STATE-ZIP	PT ORANGE, FL 32128
TITLE	ST
NAME	ALCANTARA, DEBORAH
STREET ADDRESS	% 140 LAKESIDE E
CITY-STATE-ZIP	PT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 a power of attorney.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(LEON ALCANTARA)

Date

2/21/07

Daytime Phone #

386-304-1902