

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164489

Entity Name: HARRY H. LEONARD, INC.

FILED
Aug 13, 2007
Secretary of State

Current Principal Place of Business:

3313 BRIARCLIF DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

3313 BRIAR CLIFF DRIVE
HOLIDAY, FL 34691

Current Mailing Address:

3313 BRIARCLIF DRIVE
HOLIDAY, FL 34691

New Mailing Address:

3313 BRIAR CLIFF DRIVE
HOLIDAY, FL 34691

FEI Number: 20-3966671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, HARRY H
3313 BRIARCLIF DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

LEONARD, HARRY H
3313 BRIAR CLIFF DRIVE
HOLIDAY, FL 34691 US

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:

08/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LEONARD, HARRY H
Address: 3313 BRIARCLIF DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: DVT () Delete
Name: LEONARD, SHARON A
Address: 3313 BRIARCLIF DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LEONARD, HARRY H
Address: 3313 BRIAR CLIFF DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: DVT (X) Change () Addition
Name: LEONARD, SHARON A
Address: 3313 BRIAR CLIFF DRIVE
City-St-Zip: HOLIDAY, FL 34691

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: HARRY H LEONARD

DPS

08/13/2007

Electronic Signature of Signing Officer or Director

Date