

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 030 ***150.00

DOCUMENT # P06000006541

1. Entity Name
LEONE FOODS, INC.



Principal Place of Business

1651 SANDY SPRINGS DR.
ORANGE PARK, FL 32003

Mailing Address

1651 SANDY SPRINGS DR.
ORANGE PARK, FL 32003

40059695



04102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1560 Business Center Dr.

Suite, Apt. #, etc.

Suite 12-A

City & State

Orange Park, FL

Zip

32003

Country

3. Mailing Address

1560 Business Center Dr.

Suite, Apt. #, etc.

Suite 12-A

City & State

Orange Park, FL

Zip

32003

Country

U.S.

4. FEI Number

20-5636278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, KATHLEEN M
1651 SANDY SPRINGS DR.
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name

Marion U. Weber, EA

Street Address (P.O. Box Number is Not Acceptable)

515 College Drive

City

Middleburg

FL

Zip Code

32068

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

Marion U. Weber

MARION U. WEBER

11-10-07

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LEONE, JOHN C
1651 SANDY SPRINGS DR.
ORANGE PARK, FL 32003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEONE, KATHLEEN M
1651 SANDY SPRINGS DR.
ORANGE PARK, FL 32003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

904-276-7686

Daytime Phone #