


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 022 ***150.00

DOCUMENT # P06000028997 1. Entity Name LEFFLER & ASSOCIATES PROPERTY MANAGEMENT, INC.					
Principal Place of Business 8695 COLLEGE PARKWAY <i>5870 Harbourage Drive</i> 214 FORT MYERS, FL 33919 <i>US Ft. Myers, FL 33908</i>		Mailing Address 8695 COLLEGE PARKWAY <i>5870 Harbourage Drive</i> 214 FORT MYERS, FL 33919 <i>US Ft. Myers, FL 33908</i>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-4397817 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01252008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent LEFFLER, WALTER R 8695 COLLEGE PKWAY <i>5870 Harbourage Drive</i> 214 FORT MYERS, FL 33919 <i>Ft. Myers, FL 33908</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Walter R. Leffler</i> 2-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LAFLAMME, LYNN M 24200 MOUNTAIN VIEW DR BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Walter R. Leffler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-13-08 239-267-2489 <small>Date Daytime Phone #</small>		