

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000123611

1. Entity Name
WILLIAM R LEONARD, PA



Principal Place of Business
633 SO ANDREWS AVENUE
402
FORT LAUDERDALE, FL 33301

Mailing Address
633 SO ANDREWS AVENUE
402
FORT LAUDERDALE, FL 33301

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEONARD, WILLIAM R
633 SO ANDREWS AVENUE
402
FORT LAUDERDALE, FL 33301

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEONARD, WILLIAM R
STREET ADDRESS 633 SO ANDREWS AVE #402
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 April 2008

Date

Daytime Phone #

**FILED
May 20, 2008 8:00 am
Secretary of State**

05-20-2008 90005 022 ***150.00

40104379



02292008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1413153 Applied For
 Not Applicable

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

6. Name and Address of New Registered Agent

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

FL Zip Code