

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135024

FILED  
May 01, 2009  
Secretary of State

Entity Name: LEONHARDT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

519 HIGHLAND AVE NE, STE B  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

519 HIGHLAND AVE NE, STE B  
LARGO, FL 33770

**New Mailing Address:**

FEI Number: 26-1673606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEONHARDT, HERBERT W JR.  
59 AUBURN STREET  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

LEONHARDT, HERBERT W JR.  
519 HIGHLAND AVENUE NE, STE B  
LARGO, FL 33770 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: HERBERT W LEONHARDT

05/01/2009

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: P ( ) Delete  
Name: LEONHARDT, HERBERT W JR.  
Address: 1538 SOUTH BETTY LANE  
City-St-Zip: CLEARWATER, FL 33756

Title: VP ( ) Delete  
Name: LEONHARDT, RHONDA K  
Address: 1538 SOUTH BETTY LANE  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RHONDA K LEONHARDT

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date