

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135024

FILED
Jan 31, 2012
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.
519 HIGHLAND AVENUE NE, STE B
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: HERBERT W LEONHARDT JR

PRES

01/31/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date