

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000064791

FILED  
Jan 05, 2010  
Secretary of State

Entity Name: LEINECKER FINANCIAL INSURANCE, INC.

## Current Principal Place of Business:

1624 SHELTER COVE DR  
FLEMING ISLAND, FL 32003

## New Principal Place of Business:

5000 US HWY 17  
SUITE 19  
FLEMING ISLAND, FL 32003

## Current Mailing Address:

1624 SHELTER COVE DR  
FLEMING ISLAND, FL 32003

## New Mailing Address:

5000 US HWY 17  
SUITE 19  
FLEMING ISLAND, FL 32003

FEI Number: 27-0637610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEINECKER, DAVID B  
1624 SHELTER COVE DR  
FLEMING ISLAND, FL 32003 US

## Name and Address of New Registered Agent:

LEINECKER, DAVID B  
5000 US HWY 17  
SUITE 19  
FLEMING ISLAND, FL 32003 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:

01/05/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: LEINECKER, DAVID B  
Address: 5000 US HWY 17, SUITE 19  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D  
Name: LEINECKER, GINGER E  
Address: 5000 US HWY 17, SUITE 19  
City-St-Zip: FLEMING ISLAND, FL 32003

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: DAVID B. LEINECKER

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date