


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000068589 1. Entity Name LEONARDO ENTERPRISES, INC.	
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Principal Place of Business 591 DAL HALL BLVD LAKE PLACID, FL 33852	Mailing Address 7400 SPRING CT SEBRING, FL 33876
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARDO, MICHAEL  
7400 SPRING CT  
SEBRING, FL 33876

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARDO, MICHAEL 7400 SPRING CT SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARDO, LEIGH A 7400 SPRING CT SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, LEWIS 3701 GRAND CONCOURSE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, SANDRA 3701 GRAND CONCOURSE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000010804  
01/23/04-80011-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Leonardo 1-19-04 (863) 465-9699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #