


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90043 043 ***150.00

DOCUMENT # P93000068589			
1. Entity Name LEONARDO ENTERPRISES, INC.			
Principal Place of Business 591 DAL HALL BLVD LAKE PLACID, FL 33852		Mailing Address 7400 SPRING CT SEBRING, FL 33876	
2. Principal Place of Business		3. Mailing Address 2851 Grace Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sebring FL	
Zip	Country	Zip	Country
		33875	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2851 Grace Lane City Sebring FL Zip Code 33875	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO, MICHAEL 7400 SPRING CT SEBRING, FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2851 Grace Lane Sebring, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO, LEIGH A 7400 SPRING CT SEBRING, FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2851 Grace Lane Sebring, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, LEWIS 3701 GRAND CONCOURSE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, SANDRA 3701 GRAND CONCOURSE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		Date: 1-16-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 863-465-9699	

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01122005 Chg-P CR2E034 (10/03)