

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000068589

1. Entity Name
LEONARDO ENTERPRISES, INC.



Principal Place of Business
591 DAL HALL BLVD
LAKE PLACID, FL 33852

Mailing Address
2851 GRACE LANE
SEBRING, FL 33875



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0444697** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEONARDO, MICHAEL
2851 GRACE LANE
SEBRING, FL 33875

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000389118
 01/20/06-80033-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONARDO, MICHAEL
STREET ADDRESS	2851 GRACE LANE
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	D
NAME	LEONARDO, LEIGH A
STREET ADDRESS	2851 GRACE LANE
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	D
NAME	CARTER, LEWIS
STREET ADDRESS	3701 GRAND CONCOURSE
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	D
NAME	CARTER, SANDRA
STREET ADDRESS	3701 GRAND CONCOURSE
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Michael Leonardo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

863-465-9699

Daytime Phone #