

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000069510

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** LEONARD T. CAPOZZO & ASSOCIATES, INC.

**Current Principal Place of Business:**

4262 TARPON AVE.  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

3655 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134 US

**Current Mailing Address:**

4262 TARPON AVE.  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

3655 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 65-0437245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPOZZO, LEONARD T  
4262 TARPON AVE.  
BONITA SPRINGS, FL 34134 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: PSVT  
Name: CAPOZZO, LEONARD T  
Address: 4262 TARPON AVE  
City-St-Zip: BONITA SPRINGS, FL 341343802

Title: VP  
Name: CAPOZZO, KARYN L  
Address: 4262 TARPON AVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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: LEONARD T CAPOZZO

PSVT

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date