

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 016 ***150.00

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1. Entity Name

ROGER ALLEN LEIBIN & ASSOCIATES, INC.



Principal Place of Business

1175 SPRING CENTER SOUTH
STE 200
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

1175 SPRING CENTER SOUTH
STE 200
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business - No P.O. Box #

222 S. WESTMONTE DR.

3. Mailing Address

222 S. WESTMONTE DR.

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

ALTAMONTE SPRINGS, FL.

City & State

ALTAMONTE SPRINGS, FL.

Zip

32714

Country

US

Zip

32714

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3330885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIBIN, ROGER A
1175 SPRING CENTER SOUTH
SUITE 200
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name LEIBIN, ROGER A.

Street Address (P.O. Box Number is Not Acceptable)

222 S. WESTMONTE DR.
SUITE 210

City ALTAMONTE SPRINGS, FL

Zip Code 32714

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 ROGER A. LEIBIN, PRES.

Roger A. Leibin

2.12.07

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEIBIN, ROGER A ☐ Delete
STREET ADDRESS 1175 SPRING CENTER SOUTH, SUITE 200
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D
NAME LEIBIN, ADDIE F ☐ Delete
STREET ADDRESS 1175 SPRING CENTER SOUTH, SUITE 200
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 222 S. WESTMONTE DR. SUITE 210
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 222 S. WESTMONTE DR. SUITE 210
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roger A. Leibin* ROGER A. LEIBIN, PRES. 2.12.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.788.7575