

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/11/2007-90006-007-\$150.00-\$150.00

FILED

2007 JUN 19 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P95000090049

1. Entity Name
DE LEON ENTERTAINMENT INCORPORATED

Principal Place of Business
**3107 ARECA CIRCLE
TAMPA, FL 33618**

Mailing Address
**3107 ARECA CIRCLE
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



06052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3351156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELEON, ANTHONY
3107 ARECA CIRCLE
TAMPA, FL 33618**

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DELEON, ANTHONY
3107 ARECA CIRCLE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony DeLeon
ANTHONY DELEON
6/15/07

813 933 9224