2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 30, 2008 8:00 am Secretary of State **DOCUMENT # P96000003413** 07-30-2008 90029 018 ***150 00 1. Entity Name WILLIAM LEONARD, INC. Principal Place of Business Mailing Address 2500 MANORCA AVE 2500 MANORCA AVE NAPLES, FL 33962 NAPLES, FL 33962 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <- SAME 2500 MANORCA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 07052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For NAPLES 65-0626087 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERITAGE- TAX-AND-CONSULTING S.W. PROF. SERVICES OF S. FLORIDA. INC. Street Address (P.O. Box Number is Not Acceptable) 13571 MCGRECOR BLVD., STE #22 FORT MYERS, FL 33919 1/220 METRO PKWY 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) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П corporation did not receive the prior notice. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Change ☐ Addition □ Delete NAME WILLIAM, LEONARD NAME STREET ADDRESS 2500 MANORCA AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP NAPLES, FL TIT! F Deiete TITLE ☐ Change ☐ Addition LEONARD, MATTHEW NAME MAME 2500 MANOREA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 William M. LEONARD PRESIDENT WILLIAM M. LEONARD

FILED

ATTACHMENT 40112381

JULY 12, 2008 DOCUMENT #P96000003413 ENTITY NAME WILLIAM DEONARD INC

DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THIS LETTER IS IN RESPONSE TO THE NOTICE OF "INTENT TO DISSOLVE" THAT I RECEIVED FROM YOUR OFFICE. I SENT IN AN ANNUAL REPORT WITH A CHECK (#2708) FOR \$150.00 ON MARCH 23RD 2008. APPARENTLY THE PAPERWORK HAS BEEN LOST IN THE MAIL, AS YOUR OFFICE NEVER RECEIVED IT. I RECENTLY SPOKE WITH AN ASSOCIATE IN YOUR OFFICE WHO RECOMMENDED I SEND ANOTHER REPORT AND CHECK (#2803) FOR \$150.00, WHICH IS INCLUDED. PLEASE ACCEPT MY APPOLIGIES FOR ANY INCONVIENCES THIS MAY CAUSE YOU. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT ME AT 239-572-2755. THANK YOU.

SINCERELY,

WILLIAM LEONARD INC 2500 MANORCA AVE NAPLES, FL 34112 WORK: 239-572-1755