

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000065510

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** KEITH LEON & ASSOCIATES, INC.

**Current Principal Place of Business:**

4443 WORTH DRIVE WEST  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4443 WORTH DRIVE WEST  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3459026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, LAWRENCE K  
4443 WORTH DR. W  
JACKSONVILLE, FL 32207 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

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEON, LAWRENCE K  
Address: 4443 WORTH DRIVE W  
City-St-Zip: JAX, FL 32207

Title: SD  
Name: LEON, LAURA Q  
Address: 4443 WORTH DRIVE W  
City-St-Zip: JAX, FL 32207

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:** LAWRENCE KEITH LEON

PRES

05/03/2010

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

\_\_\_\_\_  
Date