2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093513

1. Entity Name
LEONARD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
17914 LAKE ESTATES DRIVE BOCA RATON, FL 33496	17914 LAKE ESTATES DRIVE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0792150		Not Applicable

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

6. Name and Address of Current Registered Agent

CHACKMAN, STEVE
1909 TYLER ST. 7TH FLOOR
HOLLYWOOD, FL 33022

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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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CHACKMAN, LEONARD
STREET ADDRESS	17914 LAKE ESTATES DR
CITY-ST-ZIP	BOCA RATON, FL 33491
TITLE	S
NAME	CHACKMAN, FRANCINE
STREET ADDRESS	17914 LAKE ESTATES DR
CITY-ST-ZIP	BOCA RATON, FL 33491
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	

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01/09/08-80016-014 150.00

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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: _Leonard Chackman_   1/8/2008   561-470-5831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

LEONARD CHACKMAN