M & D ENTERPRISES OF LEESBURG, INC.

FILED
Apr 28, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1406 EMERSON ST. LEESBURG, FL 34748	1406 EMERSON ST. LEESBURG, FL 34748

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04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3508795 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORVELL, MICHAEL C ESQ
LAKE LAW CENTER
1410 EMERSON STREET
LEESBURG, FL 34748

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LENARD, MEALE R
STREET ADDRESS	1404 EMERSON ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VP
NAME	DAVIS, SHIRLEY
STREET ADDRESS	1406 EMERSON ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	S
NAME	DAVIS, TERRILL
STREET ADDRESS	1406 EMERSON ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	T
NAME	MEALER, ALICE
STREET ADDRESS	1406 EMERSON ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Meale Lenard 4-25-06 352-326-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #