

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90030 022 \*\*\*150.00

**DOCUMENT # P98000009110**

1. Entity Name  
**M & D ENTERPRISES OF LEESBURG, INC.**



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

Mailing Address  
**1406 EMERSON ST.  
LEESBURG, FL 34748**

**DO NOT WRITE IN THIS SPACE**



01072008 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**

**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  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LENARD, MEALER  
1406 EMERSON ST  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DAVIS, SHIRLEY  
1406 EMERSON ST  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DAVIS, TERRILL  
1406 EMERSON ST  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MEALER, ALICE  
1406 EMERSON ST  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Lenard Mealer* **PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-08**  
Date

**3523262400**  
Daytime Phone #