

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90122 039 \*\*\*150.00

**DOCUMENT # P98000029439**

1. Entity Name

W. LEIGH & ASSOCIATES, INC.



Principal Place of Business

7320 STATE RD 13N  
ST AUGUSTINE FL 32092

Mailing Address

PMB 264  
445 STATE RD 13N #26  
JACKSONVILLE FL 32259-3838



2. Principal Place of Business

265 EAST RIVER RD.

Mailing Address

P.O. Box 148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

EAST PALATKA, FL.

City & State

EAST PALATKA, FL.

4. FEI Number

59-3504517

Applied For

Not Applicable

Zip

32131

Country

PUTMAN

Zip

32131

Country

PUTMAN

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GSTOHL, KATHY S  
7320 STATE ROAD 13N  
SAINT AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GSTOHL, KATHY S	
STREET ADDRESS	7320 STATE RD. 13 N.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GSTOHL, KENNETH E	
STREET ADDRESS	7320 STATE RD 13N	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	S	<input type="checkbox"/> Delete
NAME	GSTOHL, KATHY S	
STREET ADDRESS	7320 STATE RD 13N	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURRAY, WHITNEY L	
STREET ADDRESS	149 ST. JOHNS GLEN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GSTOHL, KATHY S.	
STREET ADDRESS	265 E. RIVER RD.	
CITY-ST-ZIP	EAST PALATKA, FL. 32131	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GSTOHL, KENNETH E	
STREET ADDRESS	265 E. RIVER RD.	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GSTOHL, KATHY S.	
STREET ADDRESS	265 E. RIVER RD.	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy S. Gstoehl, President

2/18/06 (386)312-0433