

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P98000029439

1. Entity Name
W. LEIGH & ASSOCIATES, INC.



Principal Place of Business
265 E RIVER RD
EAST PALATKA FL 32131

Mailing Address
POB 148
EAST PALATKA FL 32131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apl. #, etc.

Suite, Apl. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-3504517

Applied For
Not Applicable

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

Name, *Gstohl, Kathy S.*

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

265 East River Rd.

City *East Palatka* Zip Code *FL 32131*

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 *Kathy S. Gstohl, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resizing)

4/23/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GSTOHL, KATHY S 265 E RIVER RD EAST PALATKA FL 32131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GSTOHL, KENNETH E 265 E RIVER RD EAST PALATKA FL 32131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GSTOHL, KATHY S 265 E RIVER RD EAST PALATKA FL 32131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MURRAY, WHITNEY L 149 ST. JOHNS GLEN JACKSONVILLE FL 32259 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Whitney L. Frederick</i> <i>149 Johns Glen Dr.</i> <i>Saint Johns, Fl. 32259</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kathy S. Gstohl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (386)312-0433
Date
Daytime Phone #