

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90049 028 \*\*\*150.00

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, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3504517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New 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* 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 reinstating)

*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

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

*Kathy S. Gstohl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/07 (386)312-0433*

Date

Daytime Phone #