

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042562

FILED
Apr 28, 2006
Secretary of State

Entity Name: MCLEOD & ASSOCIATES CORPORATION

Current Principal Place of Business:

P O BOX 10223
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

P O BOX 10223
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3511981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, LAURA
133 OAK STREET
5
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: MCLEOD, LAURA B
Address: 133 OAK STREET #5
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST () Delete
Name: MCLEOD, LESLIE
Address: 1906 W NELSON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA MCLEOD

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date