

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068168			
1. Entity Name MICHAEL W. LEONARD, P.A.			
Principal Place of Business 1614 COLONIAL BLVD FORT MYERS, FL 33907	Mailing Address 1614 COLONIAL BLVD FORT MYERS, FL 33907		
DO NOT WRITE IN THIS SPACE			
		03172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0856880	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEONARD, MICHAEL W 1614 COLONIAL BLVD FORT MYERS, FL 33907		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000486606 04/13/06-80044-018 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, MICHAEL W 2030 MCGREGOR BLVD FT. MYERS, FL 33901		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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:  Pru		3-29-06 239 476 8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	