## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P98000068168 MICHAEL W. LEONARD, P.A. Principal Place of Business Mailing Address 1614 COLONIAL BLVD 1614 COLONIAL BLVD FORT MYERS, FL 33907 FORT MYERS, FL 33907 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856880 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEONARD, MICHAEL W DO NOT WRITE 1614 COLORIAL BLVD FORT MYERS, FL 33907 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 obligation SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LEONARD, MICHAEL W NAME 2030 MCGREGOR BLVD STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 339011 TITLE 1000000728132 NAME 05/03/07-80051-001 150.0b STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

4-17-07

**FILED**