

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19008

Entity Name: LYNNE LEAVY, P.A.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

2300 GLADES RD  
SUITE 205 E  
BOCA RATON, FL 33431 US

## Current Mailing Address:

2300 GLADES RD  
SUITE 205 E  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

101 PLAZA REAL S  
APT 815  
BOCA RATON, FL 33432 US

## New Mailing Address:

101 PLAZA REAL S  
APT 815  
BOCA RATON, FL 33432 US

FEI Number: 65-0251110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEAVY, LYNNE  
99 S.E. MIZNER BLVD., #331  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

LEAVY, LYNNE  
101 PLAZA REAL S  
APT 815  
BOCA RATON, FL 33432 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEAVY, LYNNE  
Address: 2300 GLADES RD STE. 205 E  
City-St-Zip: BOCA RATON, FL 33431

Title: ST ( ) Delete  
Name: LEAVY, LYNNE  
Address: 2300 GLADES RD. STE. 205 E  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEAVY, LYNNE  
Address: 101 PLAZA REAL S APT 815  
City-St-Zip: BOCA RATON, FL 33432

Title: ST (X) Change ( ) Addition  
Name: LEAVY, LYNNE  
Address: 101 PLAZA REAL S APT 815  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: LYNNE LEAVY

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date