

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054284

Entity Name: LEOGRANDE APPRAISALS, INC.**Current Principal Place of Business:**2152 OSPREY WOODS CIR
ORLANDO, FL 32820**Current Mailing Address:**2152 OSPREY WOODS CIR
ORLANDO, FL 32820 US**FEI Number:** 20-2698124**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name LEOGRANDE, JONATHAN
Address 2152 OSPREY WOODS CIR
City-State-Zip: ORLANDO FL 32820

Title TREASURER
Name LEOGRANDE, JONATHAN
Address 2152 OSPREY WOODS CIR
City-State-Zip: ORLANDO FL 32820

Title SECRETARY
Name LEOGRANDE, JONATHAN
Address 2152 OSPREY WOODS CIR
City-State-Zip: ORLANDO FL 32820

Title DIRECTOR
Name LEOGRANDE, JONATHAN
Address 2152 OSPREY WOODS CIR
City-State-Zip: ORLANDO FL 32820

Title CFO
Name LEOGRANDE, JONATHAN
Address 2152 OSPREY WOODS CIR
City-State-Zip: ORLANDO FL 32820

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN LEOGRANDE

PRESIDENT

04/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date