

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000135024

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC1079186330**

**Entity Name:** LEONHARDT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

519 HIGHLAND AVE NE, STE B  
LARGO, FL 33770

**Current Mailing Address:**

519 HIGHLAND AVE NE, STE B  
LARGO, FL 33770

**FEI Number: 26-1673606**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEONHARDT, HERBERT WJR.  
519 HIGHLAND AVENUE NE, STE B  
LARGO, FL 33770 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 P  
Name LEONHARDT, HERBERT WJR.  
Address 1538 SOUTH BETTY LANE  
City-State-Zip: CLEARWATER FL 33756

Title VP  
Name LEONHARDT, RHONDA K  
Address 1538 SOUTH BETTY LANE  
City-State-Zip: CLEARWATER FL 33756

*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: HERBERT W. LEONHARDT, JR**

**PRES**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date