2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2015
Secretary of State
CC0941818843

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Entity Name: LEINECKER FINANCIAL INSURANCE, INC.

Current Principal Place of Business:

5000 US HWY 17
SUITE 19
FLEMING ISLAND, FL 32003

Current Mailing Address:

5000 US HWY 17
SUITE 19
FLEMING ISLAND, FL 32003

FEI Number: 27-0637610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEINECKER, DAVID B
5000 US HWY 17
SUITE 19
FLEMING ISLAND, FL 32003 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	D
Name	LEINECKER, DAVID B
Address	5000 US HWY 17, SUITE 19
City-State-Zip:	FLEMING ISLAND FL 32003

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: DAVID B. LEINECKER OWNER 04/21/2015

Electronic Signature of Signing Officer/Director Detail — Date