

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000015728

**Entity Name:** FIONA LEONE INC

**Current Principal Place of Business:**

817 WESTPORT DR  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

817 WESTPORT DR  
ROCKLEDGE, FL 32955 UN

**FEI Number:** 84-4747768

**Certificate of Status Desired:** No

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

WETMORE, JASON A  
817 WESTPORT DR  
ROCKLEDGE, FL 32955 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,D  
Name WETMORE, JASON A  
Address 817 WESTPORT DR  
City-State-Zip: ROCKLEDGE FL 32955

Title VP  
Name IRWIN, MARK H  
Address 817 WESTPORT DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title S  
Name RYNN, DON M  
Address 5885 DATIL PEPPER RD  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** JASON WETMORE

P

03/24/2024

Electronic Signature of Signing Officer/Director Detail

Date