

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077065

FILED
Apr 15, 2004
Secretary of State

Entity Name: LEONE INVESTMENTS, INC.

Current Principal Place of Business:

6209 CYPRESS BEND CT
UNIVERSITY PARK, FL 34201 US

New Principal Place of Business:

7227 TREYMORE COURT
SARASOTA, FL 34243 US

Current Mailing Address:

6209 CYPRESS BEND CT
UNIVERSITY PARK, FL 34201 US

New Mailing Address:

7227 TREYMORE COURT
SARASOTA, FL 34243 US

FEI Number: 65-0565936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, DOROTHY R
6209 CYPRESS BEND CT
UNIVERSITY PARK, FL 34201 US

Name and Address of New Registered Agent:

LEONE, DOROTHY R
7227 TREYMORE COURT
SARASOTA, FL 34243 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

04/15/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: LEONE, DOROTHY R
Address: 6209 CYPRESS BEND CT
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: ST () Delete
Name: LEONE, PHILIP E
Address: 6209 CYPRESS BEND CT
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: LEONE, DOROTHY R
Address: 7227 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

Title: ST (X) Change () Addition
Name: LEONE, PHILIP E
Address: 7227 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOROTHY R. LEONE

Electronic Signature of Signing Officer or Director

P

04/15/2004

Date