


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 037 ***150.00

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DOCUMENT # P00000105976					
1. Entity Name MOM'S OF VOLUSIA COUNTY, INC.					
Principal Place of Business 1201 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168			Mailing Address 1201 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEUCHT, WILLIAM J 1202 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST <input type="checkbox"/> Delete	TITLE	Leucht, William J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEUCHT, WILLIAM J	NAME	1529 SABAL PALM Drive		
STREET ADDRESS	2280 DEERWOOD DRIVE	STREET ADDRESS	Edgewater Fl. 32132		
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Leucht, William J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	2280 DEERWOOD DRIVE	STREET ADDRESS	Edgewater Fl. 32132		
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NAME		NAME			
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CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William J. Leucht</i> William J. Leucht			Date: 1-18-06		Daytime Phone #: 1-386-423-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #