


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 026 \*\*\*150.00

<b>DOCUMENT # 419626</b> 1. Entity Name <b>LEAH-CHEM INDUSTRIES INC</b>					
Principal Place of Business <b>4640 CALLE COURT TITUSVILLE, FL 32780</b>			Mailing Address <b>PO BOX 5504 TITUSVILLE, FL 32780</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1438145</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEGARMO, J. P. 1760 S SHELTER TRAIL MERRITT ISLAND, FL 32952</b>				7. Name and Address of New Registered Agent Name <b>DeGarmo, Gail S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1760 S. SHELTER TRAIL</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32952</b>	
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 <b>Gail S. DeGarmo</b> <i>Gail S. DeGarmo</i> <b>4/12/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEGARMO, J. P. 1760 S SHELTER TRAIL MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEGARMO, GAIL S. 1760 S. SHELTER TRAIL MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEINAUSER, Nanci A 6725 ALAZAN AVENUE COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEGARMO, W. H 225 SOUTH TROPICAL TRAIL #204 MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition <b>5205 WATERMILL LANE #104</b> <b>TITUSVILLE, FL 32780</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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>Gail S. DeGarmo</i> <b>Gail S. DeGarmo, President</b>			<b>4/12/2008</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04102008 Chg-P CR2E034 (12/06)

**\$8.75** Additional Fee Required

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269-6510