

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 466227

1. Entity Name  
LEEDY ELECTRIC CORP.



Principal Place of Business  
1400 ST RD 37 S  
MULBERRY, FL 33860

Mailing Address  
1400 ST RD 37 S  
MULBERRY, FL 33860

FILED

2005 OCT 10 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

500 Prairie Industrial Park, Suite, Apt. #, etc.

10072005 REIN-P CR2E098 (6/04)

City & State

Mulberry, FL

City & State

Mulberry, FL

4. FEI Number

59-1563407

Applied For

Not Applicable

Zip  
33860

Country  
USA

Zip  
33860

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEEDY, CECIL H.  
1746 OPENFIELD LOOP  
BRANDON, FL 33510

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-7-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C  
NAME LEEDY, CECIL H  
STREET ADDRESS 11605 GROVE LANE  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE P  
NAME LEEDY, JOHN P  
STREET ADDRESS 4554 OVERLOOK POINT  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ST  
NAME LEEDY, BARBARA W  
STREET ADDRESS 311 GREENWOODS DR  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-05

Date

813 425 2698

Daytime Phone #