

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 019 ***150.00

DOCUMENT # 674412

1. Entity Name
LEONARD'S FRAME SERVICE, INC.



Principal Place of Business

**20 EAST LEON ST.
LAKE CITY, FL 32055**

Mailing Address

**20 EAST LEON ST.
LAKE CITY, FL 32055**

(911 Change)

2. Principal Place of Business

126 N.E. Leon St.

Suite, Apt. #, etc.

3. Mailing Address

126 N.E. Leon St.

Suite, Apt. #, etc.

City & State

Lake City, Fl.

Zip

32055

Country

Columbia

City & State

Lake City, Fl.

Zip

32055

Country

Columbia

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2002901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASTERS, MICHAEL J.
RT 11 BOX 147
LAKE CITY, FL EF, FL 32055**

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

Rosemary B. Masters

Rosemary B. Masters

4/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MASTERS, MICHAEL J.
20 E LEON ST. *same as above*
LAKE CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
MASTERS, ROSEMARY
20 E LEON ST. *same as above*
LAKE CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: Rosemary Masters

Rosemary Masters

4/16/04

386-752-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #