

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90029 018 ***150.00

DOCUMENT # 674412

1. Entity Name

LEONARD'S FRAME SERVICE, INC.



Principal Place of Business

126 NE LEON ST.
LAKE CITY, FL 32055

Mailing Address

126 NE LEON ST.
LAKE CITY, FL 32055

DO NOT WRITE IN THIS SPACE



01072005

No 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~~ 141 S.W. Mabrey Glen
LAKE CITY, FL EF, FL 32055 32024

**DO NOT WRITE
IN THIS SPACE**

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 Masters ROSEMARY MASTERS 3/17/05
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, 2005. Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MASTERS, MICHAEL J.
STREET ADDRESS 20 E. LEON ST. 126 N.E. Leon St
CITY-ST-ZIP LAKE CITY, FL

TITLE TS
NAME MASTERS, ROSEMARY
STREET ADDRESS 20 E. LEON ST. 126 N.E. Leon St
CITY-ST-ZIP 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

**DO NOT WRITE
IN THIS SPACE**

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 3/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
386-752-6360
See/Treas.