2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706436

FILED Jan 08, 2004 Secretary of State

Entity Na	me: LEALMAN FIRE & RESCUE,	INC.		
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	HAVE. NORTH TERSBURG, FL 33714			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	HAVE. NORTH TERSBURG, FL 33714			
FEI Number	: 59-1203451 FEI Number Applied	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered	Agent: Name and Address	Name and Address of New Registered Agent:	
4017 56TH SAINT PE	RICHARD E HAVE. NORTH TERSBURG, FL 33714 e named entity submits this stateme e of Florida.	ent for the purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE: Electronic Signature of Reg	intered Agent	Data	
OFFICER	-	_	Date	
Title: Name: Address: City-St-Zip:	S AND DIRECTORS: PD () Delete BROPHY, MICHAEL 4120 - 50 STREET NORTH ST. PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CAMPBELL, LINDA L. 7750 JUSTIN COURT NO. ST. PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete HARRISON, REBECCA 4613 55TH AVE N SAINT PETERSBURG, FL 33714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ADAMS, WILLIAM A JR 2525 40TH AVE NO. SAINT PETERSBURG, FL 33714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL BROPHY PD 01/08/2004

SAINT PETERSBURG, FL 33714

FRANK, JOHN

3837 44TH AVE N.

Name:

Address:

City-St-Zip: