

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # G27073

1. Entity Name
FORTIN, LEAVY, SKILES, INC.



Principal Place of Business

**180 NE 168TH STREET
N MIAMI BCH, FL 33162**

Mailing Address

**180 NE 168TH STREET
N MIAMI BCH, FL 33162**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2268540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEAVY, JAMES W
180 NE 168 ST
N MIAMI BCH, FL 33162**

**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 _____

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

(NOTE: Registered Agent signature required when renewing)

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
**DVP
FORTIN, DANIEL
1100 SE 5TH AVENUE
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LEAVY, JAMES
14714 PEACE RIVER WAY
WEST PALM BEACH, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SKILES, CARL
8321 SOUTH WEST 5TH PL.
PLANTATION, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEAVY, RICHARD
2631 SW 136TH AVE
DAVIE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000019419
01/29/04-80024-012 150.00

**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)(f), 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:

James W Leavy **James W Leavy**

Date

1-12-04

Daytime Phone #

306-6534493