## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # G88021 1. Entity Name 02-09-2006 90045 003 \*\*\*150.00 LEENICK PLUMBING CORP. Principal Place of Business Mailing Address 20340 NE 5 COURT N MIAMI BEACH FL 33179 US 9764 E TREE TOPS CT. DAVIE FL 33328-7105 2. Principal Place of Business Mailing Address 9541 NW\_ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For PLANTATION 59-2396440 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCENTI, CAROLEE Street Address (P.O. Box Number is Not Acceptable) 9764 E TREE TOPS CT. DAVIE FL 33328-7105 9541 NW 18 COUR 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change ☐ Addition LUCENTI, NICHOLAS NAME NAME 9541 NW 18 COURT STREET ADDRESS STREET ADDRESS 9764 E TREE TOPS CT. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL-33322 DAVIE FL 33328-7105 SECT TITLE Delete TITLE Change Ch Addition LUCENTI, CAROLEE NAME NAME 9541 NW 18 COURT STREET ADDRESS 9764 E TREE TOPS CT. STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP DAVIE FL 33328-7105 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 piber like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date