

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb.09, 2004 08:00 AM
Secretary of State

DOCUMENT # H79637

1. Entity Name
LEONARD BROTHERS ELECTRIC, INC.



Principal Place of Business

**3231 S.E. DOMINICA TERRACE
P O BOX 3384
STUART, FL 34995-0384**

Mailing Address

**3231 S.E. DOMINICA TERRACE
P O BOX 3384
STUART, FL 34995-0384**



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2589205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, JOHN
3231 S.E. DOMINICA TERRACE
STUART, FL 34997**

**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 restateeing)

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**

**000000043114
02/10/04-80053-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LEONARD, JOHN
STREET ADDRESS	3231 SE DOMINICA TERRACE
CITY-ST-ZIP	STUART, FL
TITLE	T
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STREET ADDRESS	3231 SE DOMINICA TERRACE
CITY-ST-ZIP	STUART, FL
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 772-287-2247