

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K44090

1. Entity Name

ARNOLD LEBOFF CONSTRUCTION, INC.



Principal Place of Business

**13774 CREATION PLACE
WEST PALM BEACH FL 33414**

Mailing Address

**P.O. BOX 1287
LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0081557

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, RONALD L.
900 N. FEDERAL HWY
SUITE 340
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 into it applicable

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	LEIBOFF, GLORIA	
STREET ADDRESS	13774 CRESTON PL	
CITY- ST- ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Delete
NAME	LEIBOFF, ARNOLD	
STREET ADDRESS	13774 CRESTON PL	
CITY- ST- ZIP	WELLINGTON FL 33414	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 other like empowered.

SIGNATURE: *Arnold Leiboff* **ARNOLD LEBOFF** *2/24/06* **(561) 98-676**