

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90075 004 \*\*\*150.00

**DOCUMENT # L83306**

1. Entity Name

LEIGHTON'S SALES COMPANY



Principal Place of Business  
930 ALICIA RD  
LAKELAND FL 33801  
US

Mailing Address

~~PO BOX 535~~  
~~LAKE ALFRED FL 33850~~  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 2567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State  
Lakeland FL

4. FEI Number 59-3022228

Applied For  
Not Applicable

Zip

Country

Zip

Country

33806

Polk

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN-POSEY, KATE  
930 ALICIA RD  
LAKELAND FL 33801

Name

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

1416 Briarwood Lane

City

Lakeland

FL

Zip Code

33803

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 (applicable)

(NOTE: Registered Agent signature required when re-registration)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	COHEN-POSEY, KATE	
STREET ADDRESS	930 ALICIA RD	
CITY ST ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN-POSEY, KATE	
STREET ADDRESS	930 ALICIA RD	
CITY ST ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address only
STREET ADDRESS	1416 Briarwood Ln	
CITY ST ZIP	Lakeland FL 33803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address only
STREET ADDRESS	1416 Briarwood Ln	
CITY ST ZIP	Lakeland FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*[Signature]*

01.22.07

863.686.0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #