

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000105976

1. Entity Name

MOM'S OF VOLUSIA COUNTY, INC.



Principal Place of Business

1201 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Mailing Address

1201 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3673430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEUCHT, WILLIAM J
1202 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME LEUCHT, WILLIAM J
STREET ADDRESS 2280 DEERWOOD DRIVE
CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D
NAME LEUCHT, WILLIAM J
STREET ADDRESS 2280 DEERWOOD DRIVE
CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

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U00000329586
04/25/05-80122-022 150.00

**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)(i), 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 #

4-22-05

1-386-423-4660