

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P00000113374

1. Entity Name
MIKE LEACOCK, INC.



Principal Place of Business
9127 SUNCREST BLVD
LARGO, FL 33777

Mailing Address
9127 SUNCREST BLVD
LARGO, FL 33777



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3683901
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEACOCK, MICHAEL
9127 SUNCREST BLVD
LARGO, FL 33777

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000883663
04/17/08-80012-023 150.00

10. OFFICERS AND DIRECTORS

NAME	DP
NAME	LEACOCK, MICHAEL
SUBJECT ADDRESS	9127 SUNCREST BLVD
CITY-STATE-ZIP	LARGO, FL 33777
NAME	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
SUBJECT ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Leacock
President

4-3-08