

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080293

Entity Name: MELINDA J. LEISHMAN, P.A.

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

109 AVELON AVE
FLAGLER BCH, FL 32136

New Principal Place of Business:

109 AVALON AVE
FLAGLER BEACH, FL 32136

Current Mailing Address:

109 AVELON AVE
FLAGLER BCH, FL 32136

New Mailing Address:

109 AVALON AVE
FLAGLER BEACH, FL 32136

FEI Number: 59-3740937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEISHMAN, MELINDA J
109 AVELON AVE.
FLAGLER BCH, FL 32136 US

Name and Address of New Registered Agent:

LEISHMAN, MELINDA J
109 AVALON AVE.
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: MELINDA LEISHMAN

05/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEISHMAN, MELINDA J
Address: 109 AVALON AVE
City-St-Zip: FLAGLER BCH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA LEISHMAN

D

05/09/2008

Electronic Signature of Signing Officer or Director

Date