

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123842

Entity Name: LEAK SEEKERS, INC.

FILED  
May 11, 2009  
Secretary of State

## Current Principal Place of Business:

5200 TALISMAN TERRACE  
NORTH PORT, FL 34286

## New Principal Place of Business:

5700 BENTGRASS DR UNIT 211  
SARASOTA, FL 34235

## Current Mailing Address:

5200 TALISMAN TERRACE  
NORTH PORT, FL 34286

## New Mailing Address:

P.O. BOX 52193  
SARASOTA, FL 34232

FEI Number: 75-3102188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEACH, WILLIAM P  
5200 TALISMAN TERRACE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

LEACH, WILLIAM P  
5700 BENTGRASS DR UNIT 211  
SARASOTA, FL 34235 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:

05/11/2009

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: P ( ) Delete  
Name: LEACH, WILLIAM P  
Address: 5200 TALISMAN TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: STEWART, MICHAEL A  
Address: 1603 MAKERAL AVE  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEACH, WILLIAM P  
Address: 5700 BENTGRASS DR UNIT 211  
City-St-Zip: SARASOTA, FL 34235

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: MICHAEL STEWART

VP

05/11/2009

Electronic Signature of Signing Officer or Director

Date