2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000011524 1. Entity Name LEAK PROOF SERVICES, INC.)4-28-2004 9	0222 044	***150.	00	
Principal Place of Business Mailing Address					l	401035	7			
1		-	Mailing Address			401009	1			
524 HOBART AVE. 524 HOBART AVE. LAKE HELEN, FL 32744 LAKE HELEN, FL 3274			14			•				
LAINE TILLEIN	11. 32/44									
					}	er iii ii eri ii er iii er iii				
2. Principal Place of Business 3. Mailing Address										
				<u>.</u>						
Suite, Apt. #, etc. Suite, Apt. #, etc.					04132004	Chg-P	CR2E034	(10/03)		
63. 8.01		01. 2.0			4 55(1)					
City & Stat	9	City & State			4. FEI Number	12149			plied For Applicable	
Zip Country		Zip Coun		v	70-15	7.2111				
Zip	Country 210		Codini	5. Certificate of Status Desired 1 1			8.75 Add e Required			
	6. Name and Address of Current	Registered Agent	1		7. Name and Ad	dress of New R				
				Name			3			
HAAGENS	EN, ROLF E		L							
029 N. LEAVITT AVE.					Street Address (P.O. Box Number is Not Acceptable)					
ORANGE CITY,, FL 32763										
	where with the fine		L							
				City FL Zip Code					,	
8. The above named entition in this statement for the purpose of changing its registere					eternal accept as heath	in the Caste of Cla				
the obligations of registered agent. SIGNATURE Signature, typed of product name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ENOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con		sing \$	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CH	IANGES TO OFF	ICERS AND D	IRECTORS	SIN 11	
. TULE	P 351.	☐ Delete	TITLE					Change	Addition	
NAME	HAAGENSEN, ROLF E		NAME							
STREET ADDRESS	529 N. LEAVITT AVE.			AODRESS						
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-S	S1 - ZIP						
TITLE	VP /	☐ Delete	TITLE					Change	☐ Addition	
NAME	DE STEFANO, MARK		NAME							
STREET ADDRESS	524 HOBART AVE.			ADDRESS						
CITY-ST-ZIP	LAKE HELEN, FL 32744	<u></u>	CITY-S							
TITLE	S/TR	🔀 Delete	TITLE	S/-	tr NLU, CEYUN	1 ,	[Chan g e	X Addition	
NAME	HAAGENSEN, ROLF E		NAME -	l —_	Q.N. LEAVITI	AVE.	00			
-STREET-ADDRESS	-529:N, LEAVITT AVE		-STREET CITY-S							
CITY-ST-ZIP	ORANGE CITY, FL 32763			SI-ZIP OKI	ANGE CITY, I	<u>-L 32/63</u>				
TITLE		☐ Delete	TITLE				[Change	Addition	
NAME			NAME						ļ	
STREET ADDRESS CITY-ST-ZIP			CITY-S	F ADDRESS						
				DI LIF			<u>.</u>	1 0	F-71	
TITLE		☐ Delete	THILE	}			l	Change	Addition	
NAME STREET ADDRESS			NAME STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S							
		·		J1-LIF						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME OTDECT ADDRESSES			NAME	FADDOCCC					İ	
STREET ADDRESS			•	F ADDRESS						
CITY-ST-ZIP	<u> </u>		CITY-S							
12. Thereby indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp	n this tiling does not qualify for s true and accurate and that owered to execute this repor-	r the exem my signatu as require	ption stated in ire shall have the ed by Chapter (i Se <i>c</i> tion 119.07(3)(i), he same legal effect a 607. Florida Statules:	Florida Statutes, I is it made under d and that my name	Lturther certify bath; that Lam e appears in F	/ that the in an officer Block 10 or	tormation or director Block 11 if	

changed, or on an attachment with an address, with all other like empowered.

4/-24_ 04 Date Dayline Physic 9