2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000016697

1. Entity Name
DAVID J LEAHY JR. INC.

Principal Place of Business	Mailing Address
1209 SEA PLUME WAY SARASOTA, FL 34242 US	1209 SEA PLUME WAY SARASOTA, FL 34242 US

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3766798

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAHY, DAVID J JR.
1209 SEA PLUME WAY
SARASOTA, FL 34242

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEAHY, DAVID J JR
STREET ADDRESS	1209 SEA PLUME WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	C,P
NAME	LEAHY, DAVID J JR
STREET ADDRESS	1209 SEA PLUME WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	T,S
NAME	LEAHY, DAVID J JR
STREET ADDRESS	1209 SEA PLUME WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000347841
05/02/05-80002-005 150.00

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 correct 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: _____ 4-27-05 941-320-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #