

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90029 040 ***150.00

DOCUMENT # P03000063658

1. Entity Name
LEAHY FLOORING, INC.



Principal Place of Business
**14680 OLDE MILLPOND CT.
FORT MYERS, FL 33908**

Mailing Address
**14680 OLDE MILLPOND CT.
FORT MYERS, FL 33908**

40129411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
58-2671998

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERV. OF S. FL INC.
13571 MCGREGOR BLVD., #22
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEAHY, JOHN**
STREET ADDRESS **14680 OLDE MILLPOND CT.**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **V** ☐ Delete
NAME **LEAHY, DARLENE**
STREET ADDRESS **14680 OLDE MILLPOND CT.**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

John T. Leahy

8/14/07 239-466-3347