

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 039 ***150.00

DOCUMENT # P03000083985

1. Entity Name

L&H RENOVATIONS, INC.



Principal Place of Business

545-3 S DELANEY AVE
ORLANDO FL 32801

Mailing Address

545-3 S DELANEY AVE
ORLANDO FL 32801

2. Principal Place of Business

545 DELANEY Ave
Suite 3

3. Mailing Address

545 DELANEY Ave
Suite 3

City & State

Orlando, FL

City & State

Orlando FL

Zip

32801

Country

Orange

Zip

32801

Country

Orange

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0129082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFFLER, TIMONTY M
545-3 S DELANEY AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
TIMOTHY M. LEFFLER
Street Address (P.O. Box Number is Not Acceptable)
545 DELANEY Ave
Suite 3
City
Orlando FL Zip Code
32801

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 date

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEFFLER, TIMOTHY M
1301 KELSO BLVD
WINDERMERE FL 34786-7503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEANEY, SEAN M
11214 LAKE BUTLER BLVD
WINDERMERE FL 34786-7810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fees and powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #