

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 020 ***150.00

DOCUMENT # P03000083985

1. Entity Name

L&H RENOVATIONS, INC.



Principal Place of Business

545 DELANEY AVE STE 3
ORLANDO FL 32801

Mailing Address

545 DELANEY AVE STE 3
ORLANDO FL 32801



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

545 DELANEY AVENUE

Suite, Apt. #, etc.

Suite 9

City & State

Orlando Florida

Zip

32801

Country
U.S.A.

3. Mailing Address

545 DELANEY AVENUE

Suite, Apt. #, etc.

Suite 9

City & State

Orlando Florida

Zip

32801

Country
U.S.A.

1st MOORE

CR2E034 (10/07)

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 DELANEY AVE
BLDG #9
ORLANDO FL 32801

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 state jurisdiction.

Signature, typed or printed name of registered agent and state jurisdiction.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 D ☐ Delete
NAME LEFFLER, TIMOTHY M
STREET ADDRESS 1301 KELSO BLVD
CITY- ST- ZIP WINDERMERE FL 34786-7503

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

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
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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 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 807, 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 OF THE CORPORATION

Date

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