

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90031 017 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000003188

1. Entity Name
LEAVINS & BOWEN CUSTOM CABINETS INC.



Principal Place of Business
1975 S. WEEKS ST.
BONIFAY, FL 32425

Mailing Address
1975 S. WEEKS ST.
BONIFAY, FL 32425

66011952



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1080343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEAVINS, FRANKLIN
2585 HWY. 173
BONIFAY, FL 32425

**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: Franklin Leavins
Signature typed in block 10 or 11 of registered agent or officer or director

4-4-07

DATE

**FILE NOW!!! FEE IS \$160.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEAVINS, FRANKLIN
STREET ADDRESS	2585 HWY. 173
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	V
NAME	BOWEN, JOSHUA B
STREET ADDRESS	2055 S. CHANCE RD.
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Franklin Leavins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07

850-547-1975

DATE

PHONE