

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90001 040 ***150.00

DOCUMENT # P04000076783					
1. Entity Name BROTHERS LEAK DETECTION INC.					
Principal Place of Business 244 SAN JUAN CIRCLE MELBOURNE, FL 32935 US			Mailing Address 244 SAN JUAN CIRCLE MELBOURNE, FL 32935 US		
2. Principal Place of Business 4916 MARLA AVE Lakeland Suite, Apt. #, etc.		3. Mailing Address 4916 MARLA AVE Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 01-0814249	
Zip 33813		Country Y011K		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTORANA, JAMES 244 SAN JUAN CIRCLE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name JAMES MARTORANA Street Address (P.O. Box Number is Not Acceptable) 1501 S MIRAMAR APT 4 City INDIANLANTIC FL FL Zip Code 32903-3558		
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 <u>JAMES MARTORANA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>6-2-06</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTORANA, FRANK J 244 SAN JUAN CIRCLE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTORANA FRANK J 4916 MARLA AVE LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTORANA, JAMES M 244 SAN JUAN CIRCLE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTORANA JAMES M 1501 S MIRAMAR APT 4 INDIANLANTIC F 32903-3558	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u>FRANK J MARTORANA</u>			DATE <u>6-2-06</u> DAYTIME PHONE # <u>863-397-6503</u>		



ATTACHMENT
50021161
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000076783

Business Entity Name

BROTHERS LEAK DETECTION INC.

FEI Number

010814249

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

4916 MARLA AVENUE

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33813

US

Mailing Address

Address

4916 MARLA AVENUE

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33813

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MARTORANA

JAMES

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

4916 MARLA AVENUE

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33813

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

D

Name (Last, First, Middle, Title)

MARTORANA

FRANK

J

- OR -Entity Name to serve as
Officer/Director

Street Address

4916 MARLA AVENUE

City, State

LAKELAND

FL

Zip Code & Country

32935

33813

Title

D

Name (Last, First, Middle, Title)

MARTORANA

JAMES

M

- OR -Entity Name to serve as
Officer/Director

Street Address

244 SAN JUAN CIRCLE

City, State

MELBOURNE

FL

Zip Code & Country

32935

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

New
mailing
ADDRESS
→

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT

50021161
#P04000076783

BROTHERS LEAK DETECTION

We locate hidden water leaks in pools & spas
Electronic, Dye & Pressure Test
Fast Reliable Service
Ask About Our Guarantee

863-397-6503

Please note that due to the
many more charges (address)
we did not receive a bill.
once received by accountant
notification, payment was
made on the same day.

Also please note that
all Correspondents are to be
made to 41916 MARLA AVE
LAKELAND FL

Thank you

33813