2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# P04000136738

Entity Name: BOB LEAVENS FINISH CARPENTRY INC

Current Principal Place of Business:

135 WINDSOR STREET
APT 1
LAKELAND, FL 33803

New Principal Place of Business:

400 W. BEACON RD
APT 616
LAKELAND, FL 33803

Current Mailing Address:

135 WINDSOR STREET
APT 1
LAKELAND, FL 33803

New Mailing Address:

400 W. BEACON RD
APT 616
LAKELAND, FL 33803

FEI Number: 20-1698324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAVENS, ROBERT D
135 WINDSOR STREET
APT 1
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

LEAVENS, ROBERT D
400 W. BEACON RD
APT 616
LAKELAND, FL 33803 US

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.

SIGNATURE: ROBERT LEAVENS 02/07/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEAVENS, ROBERT D
Address: 135 WINDSOR ST APT 1
City-St-Zip: LAKELAND, FL 33803

Title: S (X) Delete
Name: FIEGEL, LARRY G
Address: 135 WINDSOR STREET, APT. 1
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEAVENS, ROBERT D
Address: 400 W. BEACON RD APT 616
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LEAVENS PRES 02/07/2007
Electronic Signature of Signing Officer or Director Date