2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000099582

KEVIN LESHKO A/C & HEATING, INC.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

322 NE 19TH PL

CAPE CORAL, FL 33909

Mailing Address

322 NE 19TH PL

CAPE CORAL, FL 33909 US

03032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3152689

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LESHKO, KEVIN J 322 NE 19TH PL CAPE CORAL, FL 33909

DO NOT WRITE

S. II 2 33.11 IZ, 1 2 33330			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signeture	required when reinstating)	DATE
		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESHKO, KEVIN J 322 NE 19TH PL CAPE CORAL, FL 33909			,	U000002735507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESHKO. MARCIA 322 NE 19TH PL CAPE CORAL, FL 33909			,	05/10/07-80036-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	postify that the information applied with this fi	line does not qualify for the ave	mations ass	steined in Chapter 11	
ter incidity	securation or the information sobbited with this if	mid aces not details in me ave	urbuona co	ramou ar Oriabiliti	o, riolad Statetos, riolandi solitiy and allo mornidadii

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 other like empowered.

239-458-2056