

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 033 ***150.00

DOCUMENT # P05000150305

1. Entity Name
BOB AND TRISH LEIGHTON, INC.



Principal Place of Business
**7674 JASMINE CT
W PALM BCH, FL 33412**

Mailing Address
**7674 JASMINE CT
W PALM BCH, FL 33412**

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

3. Mailing Address

Suite, Apt. #, etc.

7203 TRADITION COVE LANE W

Suite, Apt. #, etc.

7203 TRADITION COVE LANE W

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33412

Country

USA

Zip

33412

Country

USA

05062007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3773053

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEIGHTON, ROBERT
7203 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33417**

33412

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7203 TRADITION COVE LANE WEST

City

FL

Zip Code

33412

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

Robert H. Leighton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
LEIGHTON, ROBERT
7203 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33417**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LEIGHTON, PATRICIA
7203 TRADITION COVE LANE WEST
WEST PALM BEACH, FL 33417**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**7203 TRADITION COVE LANE WEST
33412**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**7203 TRADITION COVE LANE WEST
33412**

☒ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

Robert H. Leighton CEO Robert T Leighton CEO 5/1/07
561 6307635