

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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 LN W

Suite, Apt. #, etc.
7203 TRADITION COVE LN W

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33412

Country

USA

Zip

33412

Country

USA

6. Name and Address of Current Registered Agent

LEIGHTON, ROBERT
7203 TRADITION LOVELANE WEST
WEST PALM BEACH, FL 33417

Cove
33412

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, CEO

(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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO Delete
NAME LEIGHTON, ROBERT
STREET ADDRESS 7203 TRADITION LOVELANE WEST Cove
CITY - ST - ZIP WEST PALM BEACH, FL 33417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition
7203 TRADITION COVE LANE WEST
33412

TITLE T Delete
NAME LEIGHTON, PATRICIA
STREET ADDRESS 7203 TRADITION LOVELANE WEST Cove
CITY - ST - ZIP WEST PALM BEACH, FL 33417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition
7203 TRADITION COVE LANE WEST
33412

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

Change Addition

TITLE Delete
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Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 H. Leighton, CEO 5/1/07
501 630 7635

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

05-09-2007 90090 033 ***150.00