


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90239 013 \*\*\*150.00

<b>DOCUMENT # P06000037065</b> 1. Entity Name <b>LEEANN HOME RESTORATION, INC.</b>					
Principal Place of Business <b>3824 PARTAIR AVENUE. NORTHPORT, FL 34286</b>			Mailing Address <b>3824 PARTAIR AVENUE. NORTHPORT, FL 34286</b>		
2. Principal Place of Business - No P.O. Box # <b>2522 MAGNOLIA CIR</b>		3. Mailing Address <b>2522 MAGNOLIA CIR</b>			
Suite, Apt. #, etc. <b>Ado</b>		Suite, Apt. #, etc. <b>SA</b>			
City & State <b>North Port FL</b>		City & State <b>SA</b>			
Zip <b>34289</b>	Country <b>USA</b>	Zip <b>SA</b>	Country <b>SA</b>		
6. Name and Address of Current Registered Agent  <b>GOOD, LEEANN 3824 PARTAIR AVE. NORTHPORT, FL 34286</b>				7. Name and Address of New Registered Agent Name <b>Leeann Good</b> Street Address (P.O. Box Number is Not Acceptable) <b>2522 Magnolia Cir</b> City & State <b>North Port FL</b> Zip Code <b>34287</b>	
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 <b>James T White</b> DATE <b>May 1-08</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOOD, LEEANN 3824 PARTAIR AVE. NORTHPORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, JAMES T 3824 PARTAIR AVE. NORTHPORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GOOD, CAROLYN M 3824 PARTAIR AVE. NORTHPORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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.		no one			
SIGNATURE: <b>James T White</b>		DATE: <b>May 1 08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			