2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000043855

1. Entity Name

PREMIER LEAK DETECTION, INC.

Principal Place of Business	Mailing Address
PMB 131, 6999-02 MERRILL RD. JACKSONVILLE FL 32277	PMB 131, 6999-02 MERRILL RD. JACKSONVILLE FL 32277

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-0632570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADGETT, ANTHONY W 6999-02 MERRILL RD. JACKSONVILLE FL 32277	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing it)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to F

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PVTD	☐ Delete	TITLE	☐ Change
NAME	PADGETT, ANTHONY W		NAME	
STREET ADDRESS	PMB 131, 6999-02 MERRILL RD.		STREET ADDRESS	U00000858606
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP	04/02/08-80001-005 150
TITLE	SD	☐ Delete	TITLE	☐ Cha
NAME	BOGER, KELLY J		NAME	
STREET ADDRESS	P. O. BOX 290414		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32129-0414		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
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TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida S... indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if ma... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and t... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony W. Pad... Presid...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR