

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 039 ***150.00

DOCUMENT # P07000004701

1. Entity Name
LEANER, INC.



Principal Place of Business
3725 OVERLOOK DR
TALLAHASSEE, FL 32311

Mailing Address
3725 OVERLOOK DR
TALLAHASSEE, FL 32311

2. Principal Place of Business - No P.O. Box #
1814 W. TENNESSEE ST.
Suite, Apt. #, etc.
1

3. Mailing Address
1836 LAKESHORE LN
Suite, Apt. #, etc.

City & State
TALLAHASSEE FL.

City & State
TALLAHASSEE FL.

Zip
32304
Country
USA

Zip
32312
Country
USA

02192008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4254777

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIPPY, DAREN L ESQ.
2548 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	BARTLETT, TOM	3725 OVERLOOK DR	TALLAHASSEE, FL 32311	<input type="checkbox"/>
D	BARTLETT, BONNIE	3725 OVERLOOK DR	TALLAHASSEE, FL 32311	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1836 LAKESHORE LN	TALLAHASSEE FL	32312	<input type="checkbox"/>
	1836 LAKESHORE LN	TALLAHASSEE FL	32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Tom Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (450) 422-2226
Date Daytime Phone #