

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 034 ***150.00

DOCUMENT # P07000135021

1. Entity Name
INTEGRATED LEADERSHIP DEVELOPMENT INC.



Principal Place of Business
**17947 EAGLE LANE
LUTZ, FL 33558 US**

Mailing Address
**17947 EAGLE LANE
LUTZ, FL 33558 US**

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

02072008

Chg-P

CR2E034 (12/06)

4. FEI Number

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

**DENNIS, TERRANCE
17947 EAGLE LANE
LUTZ, FL 33558**

Name
THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable)
12000 NORTH DALE MABRY HWY

SUITE 110

City
TAMPA

FL

Zip Code
33618

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/08

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
DENNIS, TERRANCE
17947 EAGLE LANE
LUTZ, FL 33558** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
DENNIS, TIFFANY
17947 EAGLE LANE
LUTZ, FL 33558** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
DENNIS, TIFFANY
17947 EAGLE LANE
LUTZ, FL 33558** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DENNIS, TERRANCE
17947 EAGLE LANE
LUTZ, FL 33558** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08 813 727 388
Date Daytime Phone #