

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90037 026 ***150.00

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1. Entity Name

LEFTARM CORP.



Principal Place of Business

129 EAST LAKE DR
LEHIGH ACRES FL 33936
US

Mailing Address

129 EAST LAKE DR
LEHIGH ACRES FL 33936
US

2. Principal Place of Business - No P.O. Box #

2212 ORCHID RD.

3. Mailing Address

2212 ORCHID RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33936

Country

LEE

Zip

33936

Country

LEE

4. FEI Number 59-3360842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

BUCHOLTZ, MARK E
2038 N.E. 18TH ST.
CAPE CORAL FL 33904

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 registering.)

DATE

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 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BUCHOLTZ, FREDERICK H
STREET ADDRESS 129 EAST LAKE DRIVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☐ Delete
NAME BUCHOLTZ, ARLYNNE B
STREET ADDRESS 129 EAST LAKE DRIVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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: *Fred H. Bucholtz* - FRED H. BUCHOLTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

239-368-3648

Daytime Phone #