

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90003 013 ***158.75

DOCUMENT # P98000051921

1. Entity Name
ABLE LEAK DETECTION, INC.



Principal Place of Business
3977 TARPON POINTE CIR.
PALM HARBOR, FL 34684

Mailing Address
3977 TARPON POINTE CIR.
PALM HARBOR, FL 34684

60044612



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

CONLON, JOHN D.
Suite, Apt. #, etc.
14481 OLIVER STREET

3. Mailing Address

CONLON, JOHN D.
Suite, Apt. #, etc.
14481 OLIVER STREET

City & State

Largo, FL

City & State

Largo, FL

Zip

33774

Country

US

Zip

33774

Country

US

06112008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3525209

NEW NUMBER

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORTER, DAVID A
3977 TARPON POINTE CIR.
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
CONLON, JOHN D.
Street Address (P.O. Box Number is Not Acceptable)
14481 OLIVER STREET
City
Largo, FL
FL
Zip Code
33774

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 JOHN D. CONLON

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

6/11/08

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CORTER, DAVID A
STREET ADDRESS 3977 TARPON POINTE CIR.
CITY-ST-ZIP PALM HARBOR, FL 34684 ☒ Delete

TITLE VPD
NAME CORTER, SUZANNE
STREET ADDRESS 3977 TARPON POINTE CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34684 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CONLON, JOHN D.
STREET ADDRESS 14481 OLIVER STREET
CITY-ST-ZIP Largo, FL 33774 ☒ Change ☐ Addition

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

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

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

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

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: JOHN D. CONLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/08 727-781-8952

Date Daytime Phone #