

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000014081	
1. Entity Name AMERICAN LEAK DETECTION OF NORTHWEST FLORIDA INC.	

Principal Place of Business 1980 W. TEN MILE RD. PENSACOLA, FL 32534	Mailing Address P.O. BOX 7696 PENSACOLA, FL 32534
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04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542159	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNES, JERRI L 1980 W. TEN MILE RD. PENSACOLA, FL 32534
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

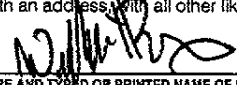
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000541066
05/10/06-80041-018 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, WILLIAM T 1980 W. TEN MILE RD. PENSACOLA, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, JERRI L 1980 W. TEN MILE RD. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, MICHAEL 309 HOMELAND AVE. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, JASON 4008 WOODRIDGE ROAD PANAMA CITY, FL 32406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **4/25/06** Daytime Phone # _____