2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014081

1. Entity Name

AMERICAN LEAK DETECTION OF NORTHWEST FLORIDA INC.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1980 W. TEN MILE RD. PENSACOLA, FL 32534 P.O. BOX 7696

PENSACOLA, FL 32534



DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

			•	
purpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am famili	ar with, and accept
s il applicable (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
Election Campaign Finan Trust Fund Contribution,	ncing 🗆	\$5.00 May Be Added to Fees	U00000541066 05/10/06-80041-018	150.00
CTORS				
		no	NOT WRITE	
	s il applicable (NOTE: Registere 9. Election Campaign Finar Trust Fund Contribution,	e il applicable (NOTE: Registered Agent signature 9. Election Carhpaign Financing Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees	9. Election Campaign Financing Trust Fund Contribution. □ \$5.00 May Be Added to Fees U00000541066 05./10/06-80041-018

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 addless with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BARNES, JASON

4008 WOODRIDGE ROAD

PANAMA CITY, FL 32408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H 26 06

Daytime Phone #