2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P99000014081

1. Entity Name
AMERICAN LEAK DETECTION OF NORTHWEST FLORIDA INC.

Principal Place of Business	Mailing Address
1980 W. TEN MILE RD. PENSACOLA, FL 32534	P.O. BOX 7696 PENSACOLA, FL 32534

04282007 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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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 _____ H00000075545I
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/22/07-80110-021 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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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: _____ 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #