04/22/2008 07:21 FAX BRIAN TUCKER

**FILED**
**Apr 25, 2008 8:00 am**
**Secretary of State**
04-25-2008 90133 005 ***150.00

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014081

40082172

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

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

04222008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| BARNES, JERRI L<br>1980 W. TEN MILE RD.<br>PENSACOLA, FL 32534 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P ☐ Delete<br>BARNES, WILLIAM T<br>~~1980 W. TEN MILE RD.~~ 2623 S. Hwy 29<br>~~PENSACOLA~~, FL 32534 Cantonment, FL. 32533 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T ☐ Delete<br>BARNES, JERRI L<br>~~1980 W. TEN MILE RD.~~ 2623 S. Hwy 29<br>PENSACOLA, FL 32534 Cantonment, FL. 32533 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S ☐ Delete<br>MILLER, MICHAEL<br>309 HOMELAND AVE.<br>CANTONMENT, FL 32533 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V ☐ Delete<br>BARNES, JASON<br>4008 WOODRIDGE ROAD<br>PANAMA CITY, FL 32406 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | 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:** _____ 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date