


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 021 ***150.00

DOCUMENT # P99000111308		
1. Entity Name LEAK PROOF TECHNOLOGIES, INC.		

Principal Place of Business 855 LAMP POST LANE LAKELAND, FL 33809	Mailing Address 855 LAMP POST LANE LAKELAND, FL 33809
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54057330



2. Principal Place of Business 855 Lamp Post Lane	3. Mailing Address 855 Lamp Post Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

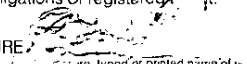
03142003 Chg-P CR2E034 (10/03)

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33809	Country USA
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33809	Country USA

4. FEI Number 59-3616855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, JAMES W 855 LAMP POST LANE LAKELAND, FL 33809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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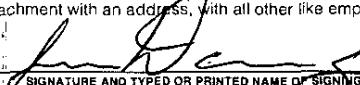
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **6/4/04**

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DAVIS, JAMES W 855 LAMP POST LANE LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **6/4/04** 1863.859.934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
LEAK PROOF TECHNOLOGIES, INC.

#P99000111308
54057330

May 10, 2004

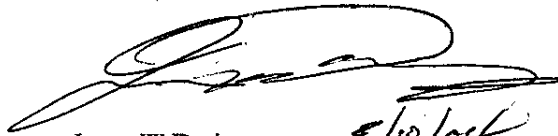
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

I wish to reinstate my company. I did not receive my letter for payment. Our office is in a subdivision of residence, we work out of our home. I called the post office and ask why I do not receive our mail right, and their reply was, " that the computer separates the mail for delivery and not the mail lady's fault. Whatever the case, I have not yet received my letter for payment for the corporation and wish to receive it and pay the amount supposedly cost at, 150.00. Please except my payment for I am not receiving my annual report bill or statement for this fee.

My company's name is, Leak Proof Technologies, Inc., at: 855 Lamp Post Lane, Lakeland, FL 33809. Leak Proof Technologies, Inc., incorporated in December 1999, in the USA. The EIN number: 593616855. My telephone number is 1.863.859.9316.

Sincerely,



James W. Davis
President

5/10/04