


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # S18248	
1. Entity Name LEACH-OWEN ACCOUNTING & TAX SVC. INC.	

Principal Place of Business 1555 KINGSLEY AVE., #504 SUITE 104 ORANGE PARK, FL 32073	Mailing Address 1555 KINGSLEY AVE., #504 SUITE 104 ORANGE PARK, FL 32073
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3035111	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 OWEN, DIANTHA K 297 CROOKEDRIDGE CT ORANGE PARK, FL 32065

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEACH, MARCUS D. 540 COPPITT DR S ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, K. DIANTHA 297 CROOKEDRIDGE CT ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWEN, K. DIANTHA 297 CROOKEDRIDGE CT ORANGE PARK, FL
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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 exemption stated in Section 119.07(3)(f), 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: K. Dianta Owen **K. DIANTHA OWEN** 2/11/05 904-269-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #