



Companies House

AR01 (ef)

Annual Return



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Company Name: **NOAH'S ARK FOOTCARE LIMITED**

Company Number: **08428129**

Date of this return: **04/03/2015**

SIC codes: **86900**

Company Type: **Private company limited by shares**

Situation of Registered Office: **PEAT HOUSE NEWHAM ROAD
TRURO
CORNWALL
TR1 2DP**

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): MATTHEW

Surname: LEIGHTON-SAID

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: 20/04/1981 *Nationality:* BRITISH

Occupation: DIRECTOR

Company Director 2

Type: **Person**
Full forename(s): NATASHA

Surname: LEIGHTON-SAID

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: 06/01/1977 *Nationality:* AMERICAN

Occupation: DIRECTOR

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING, DIVIDENDS AND DISTRIBUTIONS.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 04/03/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **51 ORDINARY shares held as at the date of this return**
Name: **MATTHEW LEIGHTON-SAID**

Shareholding 2 : **49 ORDINARY shares held as at the date of this return**
Name: **NATASHA LEIGHTON-SAID**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.