## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE: \_

SIGNALURE AND FOED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 31, 2005 08:00 AM **DOCUMENT # 838087 Secretary of State** 1. Entity Name LEROY HILL COFFEE COMPANY, INC. Principal Place of Business Mailing Address 3278 HALLS MILL RD P.O. BOX 6219 MOBILE, AL 36660 MOBILE, AL 36660 No Chg-P 03222005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0460248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEPHENS, TIM DO NOT WRITE 2215 EAST AVENUE PANAMA CITY, FL 32405 IN THIS SPACE 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. U000002**8**2690 /31/**05**-80052-025\_150\_00\_ SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE HILL, LEROY NAME 3278 HALLS MILL ROAD STREET ADDRESS CITY-ST-ZIP MOBILE, AL STD meHILL, DEBORAH D. NAME THE PERSON NAMED IN COLUMN TO PERSON NAMED I 3278 HALLS MILL ROAD STREET ADDRESS MOBILE, AL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if rue 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 supplemental 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 officers, with all other like empowered.

**FILED** 

Daytime Phone #