


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90037 001 ***150.00
01-10-2006 90037 002 *****8.75

DOCUMENT # **M62249**
1. Entity Name
LEROY PROPERTIES OF FLORIDA, INC



DO NOT WRITE IN THIS SPACE

66000025

2. Principal Place of Business
2090 NW 115th Street
Suite, Apt. #, etc.

3. Mailing Address
2090 N.W. 115th Street
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
Not Applicable

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33167 Country

Zip
33167 Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stohar, Allen D

Street Address (P.O. Box Number is Not Acceptable)
21249 HARROW COURT

City
BOCA RATON FL Zip Code
33433-7453

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	DPS	TITLE	
NAME	Lattery, Alton Roy	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	2090 NW 115th Street Miami, FL 33167	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alton Roy Lattery* **JAN. 7-06** **305-687-7142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #