


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000072161**

1. Entity Name  
**JEHOVAH JIREH, INC.**



Principal Place of Business      Mailing Address

**6147 BRABROOK AVE.  
 GRANT, FL 32949**                      **P.O. BOX 388  
 GRANT, FL 32949**



01102005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

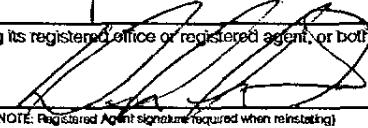
4. FEI Number <b>59-3733191</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEEDS, DOROTHY P  
 6147 BRABROOK AVE.  
 GRANT, FL 32949**

**DO NOT WRITE 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.

SIGNATURE DAVID L LEEDS            1-26-05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	D LEEDS, MARY E 6147 BRABROOK AVE. GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, DOROTHY P 6147 BRABROOK AVE. GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, DAVID L 6147 BRABROOK AVE. GRANT, FL 32949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: DAVID L LEEDS      1-26-05 772-260-0977  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #