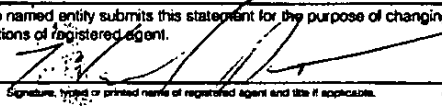


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 013 ***150.00

DOCUMENT # P03000114507			
1. Entity Name LELAND ROBERTS INC.			
Principal Place of Business 1752 SE 155TH ST. SUMMERFIELD, FL 34491		Mailing Address 1752 SE 155TH ST. SUMMERFIELD, FL 34491	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ROBERTS, CHERYL 1752 SE 155TH ST. SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  LELAND ROBERTS DATE: 4/26/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PRES ROBERTS, LELAND 1752 SE 155TH ST. SUMMERFIELD, FL 34491	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered. SIGNATURE:  LELAND ROBERTS DATE: 4/26/05 DAYTIME PHONE #: 307-9639 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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02162005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0301741** Applied For ☐ Not Applicable

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