


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 403704 1. Entity Name T. LEROY CORPORATION |  |
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|--|---|
| Principal Place of Business 1380 6TH ST P.O. BOX 886 W PALM BEACH, FL 33402 | Mailing Address P O BOX 886 P.O. BOX 886 W PALM BEACH, FL 33402 US |
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03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ROBINSON, THOMAS L
1380-6TH STREET
P.O. BOX 886
WEST PALM BEACH, FL 33402

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 0000000017289 05/13/08-80035-013 158.75 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBINSON, THOMAS L 1380 - 6TH STREET WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON CARL 720-15TH STREET WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON THOMAS 720-15TH STREET WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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:  **7/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #