


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 419919 1. Entity Name BOBBY LEATHERMAN SEED & HAY, INC.	
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Principal Place of Business RURAL, P O BOX 131 OXFORD, FL 34484 US	Mailing Address RURAL, P O BOX 131 OXFORD, FL 34484 US
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07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1439617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEATHERMAN, BOBBY 4420 SEABOARD ROAD OXFORD, FL 34484
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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 _____
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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEATHERMAN, BOBBY 4420 SEABOARD ROAD OXFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEATHERMAN, IONA 4420 SEABOARD ROAD OXFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEATHERMAN, SANDRA L 4420 SEABOARD RD OXFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, DEBBIE A 4420 SEABOARD RD OXFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000372994 07/15/05-80006-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Bobby Leatherman 7-13-05 352-748-1628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #