

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

01-24-2007 90042 043 ***158.75

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04302007 No Chg-P CR2E034 (11/05)

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

DOCUMENT # 419919
 1. Entity Name
BOBBY LEATHERMAN SEED & HAY, INC.



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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LEATHERMAN, BOBBY
 4420 SEABOARD ROAD
 OXFORD, FL 34484

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 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	

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: Bobby Leatherman Director Date: 4-30-07 Daytime Phone #: 352-748-1628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR