


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # J92659</b> 1. Entity Name <b>LEON ROSS, INC.</b>	
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Principal Place of Business <b>3013 PINE FOREST RD CANTONMENT, FL 32533 US</b>	Mailing Address <b>P O BOX 7295 PENSACOLA, FL 32534 US</b>
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2849610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NELLUMS, DOUGLAS L.  
3013 PINE FOREST ROAD  
CANTONMENT, FL 32533**

**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.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NELLUMS, DOUGLAS L. 3013 PINE FOREST RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NELLUMS, NOVETA S. 3013 PINE FOREST RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PAUL, JIMMY R. 9625 EIGHT MILE CREEK RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, MARSHA D. 9625 EIGHT MILE CREEK RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/28/05-80059-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Douglas L. Nellums* **DOUGLAS L. NELLUMS** **3/10/05** **850-478-6718**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #