


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L76338
 1. Entity Name
R & D MCLEOD, INC.



Principal Place of Business
2454 NE DIXIE HWY
JENSEN BEACH, FL 34957 US

Mailing Address
C/O RICHARD MCLEOD
1172 ORIENTAL
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3006594 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCLEOD, RICHARD
1172 ORIENTAL
PORT ST. LUCIE, FL 34952

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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)

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	D
NAME	MCLEOD, RICHARD
STREET ADDRESS	1172 ORIENTAL
CITY - ST - ZIP	PORT ST LUCIE, FL 34957
TITLE	D
NAME	MCLEOD GONSIER, PAMELA
STREET ADDRESS	1158 MENORES
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	MCLEOD, DIANE
STREET ADDRESS	1172 ORIENTAL
CITY - ST - ZIP	PORT ST LUCIE, FL 34957
TITLE	D
NAME	MCLEOD, TODD
STREET ADDRESS	2244 NE ARCH
CITY - ST - ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Richard McLeod **RICHARD MCLEOD** 7-14-5 772 225 0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #