


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90037 001 \*\*\*150.00  
01-10-2006 90037 002 \*\*\*\*\*8.75

DOCUMENT # <b>M62249</b>	
1. Entity Name <b>LEROY PROPERTIES OF FLORIDA INC</b>	

**DO NOT WRITE IN THIS SPACE**

**66000025**

2. Principal Place of Business <b>2090 NW 115<sup>th</sup> Street</b>	3. Mailing Address <b>2090 N.W. 115<sup>th</sup> Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (8/05)

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>	4. FEI Number <b>Not Applicable</b>	Applied For Not Applicable
Zip <b>33167</b>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Stohar, Allen D</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>21249 HARROW COURT</b>	
City <b>BOCA RATON</b>	FL Zip Code <b>33433-7453</b>

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	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	<b>DPS Lattery, Alton Roy 2090 NW 115<sup>th</sup> Street Miami, FL 33167</b>	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alton Roy Lattery* JAN. 7-06 305-687-7142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #