

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # N95000002107  
 1. Entity Name  
 THE POTTERS' HOUSE OF LOVE, INC.



Principal Place of Business      Mailing Address  
 6200 CR 248 N                      6200 CR 248 N  
 LAKE PANASOFFKEE, FL 33538      LAKE PANASOFFKEE, FL 33538



07052005 No Chg-NP      CR2E037 (10/03)

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4. FEI Number      Applied For  
 59-3324889              Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCLEROY, HUGH D  
 2303 MUDLAKE RD  
 PLANT CITY, FL 33567

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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: *Judy McLeroy ST.*      DATE: *7-5-05*

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLEROY, HUGH D
STREET ADDRESS	2924 MCLEROY PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	ST
NAME	MCLEROY, JUDY
STREET ADDRESS	2929 MCLEROY PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	T
NAME	JOSEPH, PEACOCK
STREET ADDRESS	2303 MUDLAKE RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	T
NAME	ANGELA, PEACOCK
STREET ADDRESS	2303 MUDLAKE RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*100000371498*  
 07/08/05-80004-012 61.25

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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 617, 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: *Judy McLeroy*      *Judy McLeroy*      DATE: *7-5-05*      DAYTIME PHONE #: *352-748-4458*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #