2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # P02000109127** Entity Name LRO, INC. Mailing Address Principal Place of Business 4314 SE FAIRWAY EAST 4314 SE FAIRWAY EAST STUART, FL 34997 STUART, FL 34997 04032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 47-0897953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEONARDO, DANIEL J DO NOT WRITE 4314 SE FAIRWAY EAST **STUART, FL 34997** IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEONARDO, DANIEL J NAME STREET ADDRESS 4314 SE FAIRWAY E. CITY-57-21P STUART, FL 34997 04/06/05-60062-007 150.00 TITLE STREET ADDRESS CTTY-57-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DD E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

NITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED