

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90400 021 \*\*\*150.00

<b>DOCUMENT # P04000034195</b> 1. Entity Name <b>LEGGETT INVESTMENT PROPERTIES, INC.</b>					
Principal Place of Business <b>534 HOLLOWAY SHORES DRIVE LAKELAND, FL 33801</b>			Mailing Address <b>534 HOLLOWAY SHORES DRIVE LAKELAND, FL 33801</b>		
2. Principal Place of Business <b>104 Bridges Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>104 Bridges Rd.</b> Suite, Apt. #, etc.		
City & State <b>Polk City, FL</b> Zip <b>33868</b>		City & State <b>Polk City, FL</b> Zip <b>33868</b>		4. FEI Number <b>20-0755615</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEGGETT, FRANKLIN E JR. 534 HOLLOWAY SHORES DRIVE LAKELAND, FL 33801</b>				7. Name and Address of New Registered Agent Name <b>Franklin E Leggett Jr.</b> Street Address (R.O. Box Number is Not Acceptable) <b>104 Bridges Rd</b> City <b>Polk City</b> <b>FL</b> <b>33868</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 <b>Franklin E Leggett Jr.</b> <span style="float: right;"><b>4-16-05</b></span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEGGETT, FRANKLIN E JR. 534 HOLLOWAY SHORES DRIVE LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEGGETT, FRANKLIN E SR. 534 HOLLOWAY SHORES DRIVE LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Franklin E Leggett Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-16-05</b> <small>Daytime Phone #</small>	

**50039080**



04152005 Chg-P CR2E034 (10/03)