

02/06/2006

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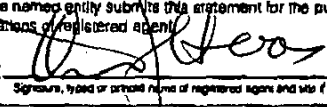
FIORITA, KORNHARS & VAN HOUTEN PC → 1904

FILED

Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 040 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000119042					
1. Entity Name LEADERSHIP ROUNDTABLE, INC.					
Principal Place of Business 4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034			Mailing Address 4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3404072	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, ARTHUR I 961887 GATEWAY BOULEVARD SUITE 201-1 FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name THOMAS J. HAAS Street Address (P.O. Box Number is Not Acceptable) 4924 FIRST COAST Hwy, Ste 11 City Amelia Island FL Zip Code 32034		
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  2/23/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T HAAS, THOMAS J 4924 FIRST COAST HIGHWAY, STE 11 AMELIA ISLAND, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HAAS, JULIE 4924 FIRST COAST HIGHWAY, STE 11 AMELIA ISLAND, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/23/06 904.321-0751					

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