

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093158

Entity Name: LEATHERS MELON COMPANY, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

747 SOUTH BRIDGE STREET
LABELLE, FL 33975

New Principal Place of Business:

Current Mailing Address:

PO BOX 1619
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0902045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEATHERS, WANDA
747 SOUTH BRIDGE STREET
LABELLE, FL 33975 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEATHERS, JIM
Address: 430 GRANT STREET
City-St-Zip: LABELLE, FL 33975

Title: VSTD () Delete
Name: LEATHERS, WANDA
Address: 430 GRANT STREET
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEATHERS, JIM
Address: 62390 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33975

Title: VSTD (X) Change () Addition
Name: LEATHERS, WANDA
Address: 62390 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA LEATHERS

VP

01/10/2005

Electronic Signature of Signing Officer or Director

Date