


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S94138
1. Entity Name
P. KENT LEBLANC, P.A.



Principal Place of Business 3210 N WICKHAM RD SUITE 2 MELBOURNE, FL 32935 US	Mailing Address 3210 N WICKHAM RD SUITE 2 MELBOURNE, FL 32935 US
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3106748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEBLANC, P. KENT
3210 N WICKHAM RD
SUITE 2
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEBLANC, P. KENT 3210 N WICKHAM RD, #2 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LEBLANC, JENNIFER L 3210 N WICKHAM RD, #2 MELBOURNE, FL 32935
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03/21/05-80044-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: P. Kent LeBlanc Date: 3-17-05 Daytime Phone #: 321-253-1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Kent LeBlanc