2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90054 018 ***150.00

DOCUMENT # V37549

1. Entity Name
LEABRO, INC.

Principal Place of Business
THE PLAZA, STE. 209
4507 FURLING LANE
DESTIN, FL 32541

Mailing Address
THE PLAZA, STE. 209
4507 FURLING LANE
DESTIN, FL 32541

50006233

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3123758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRIMSLEY, JAMES W.
25 WALTER MARTIN ROAD N.E.
FT. WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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: P ☐ Delete NAME: LEA, ARDEN J STREET ADDRESS: 841 CHOCTAWATCHEE RIVER RD. CITY-ST-ZIP: BRUCE, FL 32455		TITLE: P NAME: LEA, Arden J. ☒ Change ☐ Addition STREET ADDRESS: 4507 Furling Lane, STE 209 CITY-ST-ZIP: Destin, FL 32541
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #