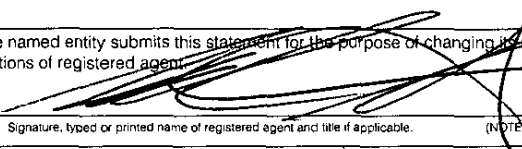
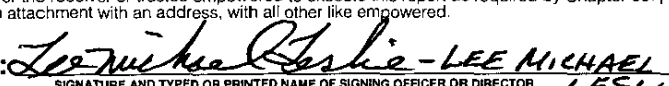


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90032 007 ***150.00

DOCUMENT # K25590 1. Entity Name L.M. LESLIE & ASSOCIATES, INC.					
Principal Place of Business 1463 OAKFIELD DR #105 BRANDON, FL 33511 US			Mailing Address 1463 OAKFIELD DR #105 BRANDON, FL 33511 US		
2. Principal Place of Business 2119 W. BRANDON BLVD. Suite, Apt. #, etc. SUITE A			3. Mailing Address 2119 W. BRANDON BLVD. Suite, Apt. #, etc. SUITE A		
City & State BRANDON, FL.			City & State BRANDON, FL.		
Zip 33511		Country USA		4. FEI Number 59-2892942	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DARRELL C. 101 E. KENNEDY BLVD. SUITE 2500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name MARK A. ROTHMAN Street Address (P.O. Box Number is Not Acceptable) THE ROTHMAN LAW OFFICES 8814 ROCKY CREEK DRIVE City TAMPA, FL Zip Code 33615		
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  3-11-2004 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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, LEE MICHAEL 1463 OAKFIELD DR. #105 BRANDON, FL 33511	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, LEE MICHAEL 2119 W. BRANDON BLVD. - SUITE A BRANDON, FL. 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, LEE MICHAEL 2119 W. BRANDON BLVD. - SUITE A BRANDON, FL. 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		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 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:  3/15/04 813-624-7811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94030644



01062004 Chg-P CR2E034 (10/03)