


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L34280
1. Entity Name
WISNESKI, BLAKISTON & LESLIE, P.A.



Principal Place of Business Mailing Address
% HENRY Y. BLAKISTON % HENRY Y. BLAKISTON
1001 N. U.S. HIGHWAY ONE, SUITE 600 1001 N. U.S. HIGHWAY ONE, SUITE 600
JUPITER, FL 33477 JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0151794 Not Applicable

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

6. Name and Address of Current Registered Agent

WISNESKI, RONALD H
1001 N. U.S. HIGHWAY ONE
SUITE 600
JUPITER, FL 33477

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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: _____
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

TITLE	D
NAME	BLAKISTON, HENRY V
STREET ADDRESS	1001 N. U.S. HWY ONE, STE. 600
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	WISNESKI, RONALD H.
STREET ADDRESS	18586 LAKESIDE GARDEN DRIVE
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/05-80008-021 150.00

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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:  2/28/05 561 747 2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #