

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F00453

1. Entity Name
 LESLIE D. FRANKLIN, P.A.



Principal Place of Business
 447 THIRD AVENUE NORTH
 C/O LESLIE D. FRANKLIN
 ST. PETERSBURG, FL 33701

Mailing Address
 447 THIRD AVENUE NORTH
 C/O LESLIE D. FRANKLIN
 ST. PETERSBURG, FL 33701



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2030781	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

FRANKLIN, LESLIE D.
 447 THIRD AVENUE NORTH
 ST. PETERSBURG, FL 33701

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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: FRANKLIN, LESLIE D.
 STREET ADDRESS: 447 THIRD AVE. NORTH
 CITY-ST-ZIP: ST. PETERSBURG, FL

TITLE: P
 NAME: FRANKLIN, LESLIE D.
 STREET ADDRESS: 447 THIRD AVE. NORTH
 CITY-ST-ZIP: ST. PETERSBURG, FL

TITLE: ST
 NAME: FRANKLIN, LESLIE D.
 STREET ADDRESS: 447 THIRD AVE. NORTH
 CITY-ST-ZIP: ST. PETERSBURG, 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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 01/25/06-80008-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leslie D Franklin LESLIE D FRANKLIN 01/17/06 (727) 896-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #