


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90397 020 \*\*\*150.00

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # J98491</b><br>1. Entity Name<br><b>LESLIE STORAGE LIMITED, INC.</b>   |  |         |   |    |  |
| Principal Place of Business<br><b>P.O. BOX 13405<br/>TALLAHASSEE FL 32317 -</b>   |  |         | Mailing Address<br><b>P.O. BOX 13405<br/>TALLAHASSEE FL 32317</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                         |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | Zip   |  |
| Country   |  | Country |   | 4. FEI Number <b>59-3028105</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LESLIE, HAROLD C.<br/>753 OLD DIRT ROAD<br/>TALLAHASSEE FL 32301</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |         |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; background-color: #cccccc; padding: 5px;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%; padding: 5px;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div> |  |         |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD <input type="checkbox"/> Delete<br><b>LESLIE, HAROLD C.<br/>753 OLD DIRT RD.<br/>TALLAHASSEE FL 32301</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |



MOORE CR2E034 (11/03)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #