

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98491

FILED
Mar 16, 2007
Secretary of State

Entity Name: LESLIE STORAGE LIMITED, INC.

Current Principal Place of Business:

P.O. BOX 13405
TALLAHASSEE, FL 32317

New Principal Place of Business:

2454 CENTERVILLE ROAD
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 13405
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3028105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLIE, HAROLD C.
753 OLD DIRT ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LESLIE, HAROLD C.,
Address: 753 OLD DIRT RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LESLIE, HAROLD C.,
Address: 753 OLD DIRT RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/T () Change (X) Addition
Name: MORGAN, SUSAN A
Address: P.O. BOX 13405
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MORGAN

S/T

03/16/2007

Electronic Signature of Signing Officer or Director

Date