


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90028 006 \*\*\*150.00

<b>DOCUMENT # P00000029492</b> 1. Entity Name <b>LESLIE FORD REAL ESTATE, P.A.</b>					
Principal Place of Business <b>1273 BELMONTE TERRACE JACKSONVILLE, FL 32207</b>			Mailing Address <b>1273 BELMONTE TERRACE JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3634577</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PKWY SUITE 108 JACKSONVILLE, FL 32250-2407</b>				7. Name and Address of New Registered Agent Name <b>LESLIE M FORD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1273 BELMONTE TERRACE</b> City <b>JACKSONVILLE</b> FL <b>32207</b>	
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 <u><i>Leslie M. Ford</i></u> <b>LESLIE M. FORD</b> <b>1-29-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORD, LESLIE M 1273 BELMONTE TERRACE JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
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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: <u><i>Leslie M. Ford</i></u> <b>LESLIE M. FORD</b> <b>1-29-04</b> <b>(904) 398 0924</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					