

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092233

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: JAMES LESLIE DESIGN ASSOCIATES CORP.

## Current Principal Place of Business:

330 PALMETTO POINT  
VERO BEACH, FL 32963

## New Principal Place of Business:

## Current Mailing Address:

330 PALMETTO POINT  
VERO BEACH, FL 32963

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESLIE, JAMES  
330 PALMETTO POINT  
VERO BEACH, FL 32963 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: P ( ) Delete  
Name: LESLIE, JAMES  
Address: 330 PALMETTO POINT JOHN'S ISLAND  
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete  
Name: LESLIE, LEILA  
Address: 70 PAGET COURT, JOHN'S ISLAND  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: LESLIE, LINDA  
Address: 1038 GALISTEO STREET  
City-St-Zip: SANTA FE, NM 87501

Title: VP ( ) Delete  
Name: LESLIE MITCHELL, TUCKER  
Address: 42 TOOKER AVENUE  
City-St-Zip: OYSTER BAY, NY 11771

Title: VP ( ) Delete  
Name: LESLIE PEZZO, CHARLOTTE  
Address: 2729 NW 28 STREET  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES LESLIE

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date