

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092233

FILED  
Apr 25, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES LESLIE

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date