

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000036860

1. Entity Name
LESLIE C. MAGRE, P.A.



FILED
Feb 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
14801 PARK LAKE DRIVE
#106
FORT MYERS, FL 33919

Mailing Address
14801 PARK LAKE DRIVE
#106
FORT MYERS, FL 33919



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1094087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGRE, LESLIE C
14801 PARK LAKE DRIVE #106
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000024293
02/02/04-80059-014 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAGRE, LESLIE C
STREET ADDRESS 14801 PARK LAKE DRIVE #106
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE
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CITY-ST-ZIP

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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)(f), 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: Leslie C. Magre Leslie C. Magre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 239-823-9871
Date Daytime Phone #