


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000060052	
1. Entity Name LESLIE INVESTMENTS, INC.	

Principal Place of Business 3401 E. MIDWAY RD PLANT CITY, FL 33565	Mailing Address 3401 E. MIDWAY RD PLANT CITY, FL 33565
---	---



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TANCREDO, CHRISTOPHER A 1306 THONOTOSASSA RD PLANT CITY, FL 33563

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LESLIE, JERRY HAROLD
STREET ADDRESS	523 S. WIGGINS ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	V
NAME	LESLIE MCDOWELL, BARBARA DEAN
STREET ADDRESS	1601 E. TRAPNELL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	ST
NAME	LESLIE GRESHAM, JANICE FAYE
STREET ADDRESS	3401 E. MIDWAY ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000001E3C
01/12/04-80019-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-9-04 **Daytime Phone #**