


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000060052 1. Entity Name LESLIE INVESTMENTS, INC.	
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Principal Place of Business 3401 E. MIDWAY RD PLANT CITY, FL 33565	Mailing Address 3401 E. MIDWAY RD PLANT CITY, FL 33565
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727285	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LESLIE, JERRY HAROLD 523 S. WIGGINS ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LESLIE MCDOWELL, BARBARA DEAN 1601 E. TRAPNELL ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LESLIE GRESHAM, JANICE FAYE 3401 E. MIDWAY ROAD PLANT CITY, FL 33566
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03/03/05-80020-021 150.00

**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 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: Janice L Gresham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-05
Date

Daytime Phone #