

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 08, 2006 8:00 am  
Secretary of State**

05-08-2006 90298 018 \*\*\*150.00

DOCUMENT # P03000035501

1. Entity Name  
LESLIE ROBBINS, INC.



Principal Place of Business  
2851 SPRING LAKE DRIVE  
CLEARWATER, FL 33759

Mailing Address  
2851 SPRING LAKE DRIVE  
CLEARWATER, FL 33759

**DO NOT WRITE IN THIS SPACE**

40087903



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0685065	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

ROBBINS, LESLIE  
2851 SPRING LAKE DRIVE  
CLEARWATER, FL 33759

**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.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROBBINS, LESLIE  
STREET ADDRESS 2851 SPRING LAKE DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 B. Robbins*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*LESLIE ROBBINS*

President

4/22/06 727-455-1463  
Date Daytime Phone #