## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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1. Entity Nanie

LESLIE ROBBINS, INC.



Principal Place of Business

2851 SPRING LAKE DRIVE CLEARWATER, FL 33759

Mailing Address

2851 SPRING LAKE DRIVE CLEARWATER, FL 33759



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0685065

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROBBINS, LESLIE 2851 SPRING LAKE DRIVE CLEARWATER, FL 33759

## DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered	l Agent signatur	e requiréd witen reinstaling)	. DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000741228 05/15/07-80019-019 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	OFFICERS AND DIRECT D ROBBINS, LESLIE 2851 SPRING LAKE DRIVE CLEARWATER, FL 33759	PRORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		.,			,
TITLE ( NAME STREET ADDRESS					

12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

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