

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019152

Entity Name: LESLIE A. LEAVER, P.A.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

9707 LONG MEADOW DRIVE
TAMPA, FL 33615

New Principal Place of Business:

19807 WYNDMILL CIRCLE
ODESSA, FL 33556

Current Mailing Address:

9707 LONG MEADOW DRIVE
TAMPA, FL 33615

New Mailing Address:

19807 WYNDMILL CIRCLE
ODESSA, FL 33556

FEI Number: 20-0695370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVER, LESLIE A
9707 LONG MEADOW DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

LEAVER, LESLIE A
19807 WYNDMILL CIRCLE
ODESSA, FL 33556 US

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.

SIGNATURE:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEAVER, LESLIE A
Address: 9707 LONG MEADOW DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEAVER, LESLIE A
Address: 19807 WYNDMILL CIRCLE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE A. LEAVER

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date