


05-02-2005 90392 025 ***150.00

DOCUMENT # P04000126956				05-02-2005 90392 025 ***150.00	
1. Entity Name LESLIE LEWIS, P.A.					
Principal Place of Business 10195 IMPERIAL POINT DRIVE, EAST LARGO, FL 33774		Mailing Address 10195 IMPERIAL POINT DRIVE, EAST LARGO, FL 33774			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1577159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEWIS, LESLIE 10195 IMPERIAL POINT DRIVE, EAST LARGO, FL 33774				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LEWIS, LESLIE 10195 IMPERIAL POINT DRIVE, EAST LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Leslie Lewis</i> Leslie Lewis 4/25/05 (727)432.4433					

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June 30, 2005

ATTACHMENT

06024264

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference Number: P04000126956

Dear Glenda Hood,

Please accept my apology in not including my F.E.I. number (20-1577159) in filing my first annual report. I thought I had done everything that was required of me. I did not receive and open my mail until this week because my mother was diagnosed with an aortic aneurism and I went out of state, have been taking care of her and her business, and taking care of my 2 young children (I am a single mom). Technically, one could say that I did not receive notice of the deficiency of my annual report until I opened the letter....at least I am praying you will allow this update without the \$400.00 charge. I don't have the \$400.00, will you accept this update and waive the late fee? Thank you for your time and consideration in this matter.

Sincerely,



Leslie Lewis

Leslie Lewis
10195 Imperial Point Drive East
Largo, Florida 33774
hileslie@gmail.com

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