2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P97000098439

Entity Name: THE PHIRM OF PAMELA LESLIE, INC.

Current Principal Place of Business:

2100 E 26TH AVE
TAMPA, FL 336051236 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6744
BRANDON, FL 33508 US

New Mailing Address:

FEI Number: 59-3405509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESLIE, PAMELA
2100 E 26TH AVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LESLIE, P
Address: 2100 E 26TH AVE
City-St-Zip: TAMPA, FL 33605

Title: VP ( ) Delete
Name: LESLIE, M
Address: 2100 E 26TH AVE
City-St-Zip: TAMPA, FL 33605

Title: T ( ) Delete
Name: LESLIE, P L
Address: 2100 E. 26TH AVE
City-St-Zip: TAMPA, FL 33605

Title: S ( ) Delete
Name: LESLIE, M J
Address: 2100 E 26TH AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: P LESLIE P 07/01/2005

Electronic Signature of Signing Officer or Director Date