

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098439

FILED
Apr 26, 2006
Secretary of State

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:

4667 POND RIDGE DR
RIVERVIEW, FL 33569 US

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:

LESLIE, P
4667 POND RIDGE DR
RIVERVIEW, FL 33569 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: P LESLIE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LESLIE, P
Address: 4667 POND RIDGE DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP (X) Change () Addition
Name: LESLIE, M
Address: 4667 POND RIDGE DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: T (X) Change () Addition
Name: LESLIE, P
Address: 4667 POND RIDGE DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S (X) Change () Addition
Name: LESLIE, M
Address: 4545 KENNEWICK PL
City-St-Zip: RIVERVIEW, FL 33569 US

Title: O () Change (X) Addition
Name: THOMAS, ZERONICA
Address: 1213 E. 15TH AVE
City-St-Zip: TAMPA, FL 33605 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/26/2006

Electronic Signature of Signing Officer or Director

Date