

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 288125 1. Entity Name RODAR LEASING CORPORATION	
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Principal Place of Business 2601 E SECOND AVE TAMPA, FL 33605-5503	Mailing Address 2601 E SECOND AVE TAMPA, FL 33605-5503
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1090276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAHL, DARRELL A JR
2601 E SECOND AVE
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

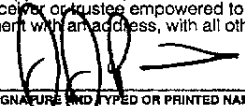
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DAHL, DARRELL A 5119 POE AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT NOSKOWICZ, HOWARD 6200 NW 140TH WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRINO, JOSEPH J 2816 SAMARA DR TAMPA, FL 33618
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IN THIS SPACE**

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02/05/05-80060-003 150.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 (813) 670-034
Date Daytime Phone #