#### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### **DOCUMENT #622496**

1. Entity Name FLEET LEASE DISPOSAL, INC.



FILED Feb 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

272 SE 5TH AVE

DELRAY BEACH, FL 33483-3321 US

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### DO NOT WRITE IN THIS SPACE

01272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1951844

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEINSON, MICHAEL 272 SE 5TH AVE DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

| <ol> <li>the above named entity adomits this statement for it<br/>the obligations of registered agent.</li> </ol> | e purpose or ch      | anging its registered office of | or registered agent, or both, i  | n the State of Florida. I am famili | ar with, and accept |
|---|----------------------|---------------------------------|----------------------------------|-------------------------------------|---------------------|
| SIGNATURE   | lille II applicable. | (NOTE: Registered Agent signs   | lure required when reinstalling) | DATE                                |                     |
| FILE NOWILL FEE IS \$150.00   | 9. Electio           | on Campaign Financing           | \$5.00 May 6e                    | <del></del>                         |                     |

## After May 1, 2006 Fee will be \$550.00

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS מק NAME SHEINSON, MICHAEL P. STREET ADDRESS 272 S.E. 5TH AVE. CITY-ST-ZIP DELRAY BEACH, FL TOTALE NAME STREET ADDRESS City-St-Zip TITLE NAME

U00000421621 02/16/06-80045-016 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-7/P 7177 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY - ST - ZSP

2/3/06

1561 266-8708