

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622496

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: FLEET LEASE DISPOSAL, INC.

## Current Principal Place of Business:

272 SE 5TH AVE  
DELRAY BEACH, FL 334833321 US

## New Principal Place of Business:

## Current Mailing Address:

272 SE 5TH AVE  
DELRAY BEACH, FL 334833321 US

## New Mailing Address:

FEI Number: 59-1951844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CONN, LAURIE  
272 SE 5TH AVE  
DELRAY BEACH, FL 33483 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: LAURIE CONN

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHEINSON, MICHAEL P.  
Address: 272 S.E. 5TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: RONALD, BRESLOFSKY  
Address: 272 SE 5TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO ( ) Change (X) Addition  
Name: CONN, LAURIE  
Address: 272 SE 5TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE CONN

COO

04/13/2009

Electronic Signature of Signing Officer or Director

Date