


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90038 012 ****70.00

DOCUMENT # 708715
1. Entity Name
**FLEET RESERVICES OF SEMINOLE COUNTY, FLORIDA,
INCORPORATED**



Principal Place of Business Mailing Address
**3040 STATE ROAD 46 WEST
SANFORD FL 32772-7461** **3040 STATE ROAD 46 WEST
SANFORD FL 32772-7461**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1095520 Not Applicable

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

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent
**MORIARTY, RICHARD
8 MONROE AVE
DEBARY FL 32713**

7. Name and Address of New Registered Agent
Name: **Walter Leake**
Street Address (P.O. Box Number is Not Acceptable):
**2901 Desmond Court
Deltona Florida 32738**
City: **FL** Zip Code

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: Walter Leake
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORIARTY, RICHARD	
STREET ADDRESS	8 MONROE AVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROY	
STREET ADDRESS	305041 JOHNS LN	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROFFER, LIDA M	
STREET ADDRESS	137 GLENDALE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROFFE, LIDA M	
STREET ADDRESS	137 GLENDALE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Leake	
STREET ADDRESS	2901 Desmond Court	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maurice Ray	
STREET ADDRESS	110 Albrighton Drive	
CITY-ST-ZIP	Longwood, Florida 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Walter Leake Date: 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #