

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90333 028 ***150.00

DOCUMENT# F42390
 1. EntityName
SJLLEASING, INC.



PrincipalPlaceofBusiness MailingAddress
 921 DOUGLAS AVE 921 DOUGLAS AVE
 SUITE 200 SUITE 200
 ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US

14001423



2. PrincipalPlaceofBusiness 3. MailingAddress
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04012004 Chg-P CR2E034(10/03)

City&State City&State

4. FEINumber AppliedFor
 59-2136295 NotApplicable

Zip Country Zip Country

5. CertificateofStatusDesired \$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent
LAFRENIERE, STEPHEN
921 DOUGLAS AVE
200
ALTAMONTE SPRINGS, FL 32714

7. NameandAddressofNewRegisteredAgent
 Name
 StreetAddress (P.O.BoxNumberisNotAcceptable)
 City **FL** ZipCode

8. Theabovenameidentysubmitthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.
 SIGNATURE _____ (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. ElectionCampaignFinancing TrustFundContribution. \$5.00 MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	LAFRENIERE, DEBORAHANNC	
STREETADDRESS	704S17-92	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAFRENIERE, STEPHEN	
STREETADDRESS	704S17-92	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		

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 of trust property and that the report is 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 entries.

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

4/4/4 **407-736-9001**
 Date Daytime Phone#