

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90283 011 ***150.00

DOCUMENT# F42390
 1. EntityName
SJLLEASING,INC.



20041941



04192005 Chg-P CR2E034(10/03)

PrincipalPlaceofBusiness		MailingAddress	
921 DOUGLAS AVE SUITE 200 ALTAMONTE SPRINGS, FL 32714 US		921 DOUGLAS AVE SUITE 200 ALTAMONTE SPRINGS, FL 32714 US	
2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 59-2136295	AppliedFor <input type="checkbox"/> NotApplicable
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5. CertificateofStatusDesired **\$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent		7. NameandAddressofNewRegisteredAgent	
LAFRENIERE,STEPHEN 921DOUGLASAVE 200 ALTAMONTESPRINGS,FL32714		Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode	


8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgentsignatureisrequiredwheneverinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. <input type="checkbox"/> \$5.00 MayBe AddedtoFees
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10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
T NAME STREETADDRESS CITY-ST-ZIP	LAFRENIERE,DEBORAHANNC 704S17-92 LONGWOOD,FL <input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 921 DOUGLAS AVE. #200 ALTAMONTE SPRINGS, FL 32714
PD NAME STREETADDRESS CITY-ST-ZIP	LAFRENIERE,STEPHEN 704S17-92 LONGWOOD,FL <input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 921 DOUGLAS AVE. #200 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. IherebycertifythattheinformationssuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformationindicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath,thatIamanofficerordirectorofthecorporationorthereceiver,trustee,orpowerofattorneyholder,asrequiredbyChapter607,FloridaStatutes;andthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallpowerherinempowered.

SIGNATURE:  **4/20/05** **407-786-4001**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #