

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J98783 1. Entity Name PRIDE LEASING, INC.		
Principal Place of Business 2139 PALM BEACH LAKES BLVD 2161 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409 US		Mailing Address 2139 PALM BEACH LAKES BLVD 2161 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409 US
DO NOT WRITE IN THIS SPACE		
		 04262004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0008795 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRUE, DAVID R 2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000140007 04/29/04-80145-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEARCY, CHRISTIAN D. 2139 PALM BCH LAKES BLVD WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRUE, DAVID R 2139 PALM BCH LAKES BLVD WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DENNEY, EARL L., JR 2139 PALM BCH LAKES BLVD W. PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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: <u>David R. True</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		april 27, 2004 561-686-630 Date Daytime Phone #

DAVID R. TRUE, SECRETARY