


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K39731 1. Entity Name REED LEASING, INC.	
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Principal Place of Business % RAYMOND D. REED 3776 W COLONIAL DR ORLANDO, FL 32808	Mailing Address % RAYMOND D. REED 3776 W COLONIAL DR ORLANDO, FL 32808
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178541	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 REED, RAYMOND D. 3776 W COLONIAL DR ORLANDO, FL 32808	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, RAYMOND D. 10417 LAKE LOUISA RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, JOHN L. 2238 HONTOON RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REED, ROBERT H 806 EDGEWATER DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, JOHN L., JR. 136 POWELL BLVD. APT. 10201 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

04/04/05-80099-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **03/30/05** **407-297-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #