2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90351 026 ***150.00

DOCUMENT # P02000118171

1. Entity Name
ACTION FINANCE & LEASING CORPORATION

Principal Place of Business	Mailing Address
200 N. THORNTON AVE. ORLANDO, FL 32801	401 E SEMORAN BLVD CASSELBERRY, FL 32707

24048175

2. Principal Place of Business	3. Mailing Address
533 VERSAILLES DR.	401 E. STATE ROAD 436
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND, FL	City & State: CASSELBERRY, FL
Zip: 32751 Country	Zip: 32707 Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number: 52-2385339 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, RANDALL C ESQ ~~200 NORTH THORNTON AVENUE~~ ~~ORLANDO, FL 32801~~	Name: Street Address (P.O. Box Number is Not Acceptable): 533 VERSAILLES DRIVE MAITLAND City FL Zip Code 32751

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEIGLE, JIM 401 E SEMORAN BLVD CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 401 E. STATE ROAD 436 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/14/04 407-260-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #