2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000129069 03-17-2006 90137 006 ***150.00 BISON LEASING, INC. Principal Place of Business Mailing Address 1300 WIGMORE ST. 1300 WIGMORE ST. JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 CR2E034 (11/05) 03032006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1690674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent F&L CORP. DO NOT WRITE ONE INDEPENDENT DR., SUITE 1300 JACKSONVILLE, FL 32202 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE PENLAND, DAVID V SR. NAME 1300 WIGMORE ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE PENLAND, DAVID V JR. NAME STREET ADDRESS 1300 WIGMORE ST. CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE NAME PENLAND, CYNTHIA W STREET ADDRESS 1300 WIGMORE ST. DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32206 IN THIS SPACE TITLE PENLAND, THADDEUS 1300 WIGMORE ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE

 I hereby certify that the information supplied with this indicated on this report or supplemental sport is true of the corporation or the receiver a trustee empoyer. \prime for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d 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 atta

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CtTY+ST-7tP

> OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

TENLAND SR

FILED

Mar 17, 2006 8:00 am