2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# P06000130151

Entity Name: COONS SEMI-TRAILER LEASING, INC.

Current Principal Place of Business:

4221 HOLIDAY DRIVE
FLINT, MI 48507 US

New Principal Place of Business:

Current Mailing Address:

4221 HOLIDAY DRIVE
FLINT, MI 48507 US

New Mailing Address:

FEI Number: 61-1515374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM R. BARKER, P.A.
801 NORTH MAGNOLIA AVENUE
SUITE 416
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: COONS, WILLIAM
Address: 4221 HOLIDAY DRIVE
City-St-Zip: FLINT, MI 48507 US

Title: S ( ) Delete
Name: COONS, WILLIAM
Address: 4221 HOLIDAY DRIVE
City-St-Zip: FLINT, MI 48507 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: COONS, WILLIAM E
Address: 4221 HOLIDAY DRIVE
City-St-Zip: FLINT, MI 48507 US

Title: S (X) Change ( ) Addition
Name: COONS, WILLIAM E
Address: 4221 HOLIDAY DRIVE
City-St-Zip: FLINT, MI 48507 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. COONS PSD 07/06/2009

Electronic Signature of Signing Officer or Director Date