


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000067931

1. Entity Name
1ST COMMERCIAL SALES & LEASING, INC.



Principal Place of Business Mailing Address

300 MARINE STREET P.O. BOX 998
CARRABELLE, FL 32322 GOTHA, FL 34734

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3335990	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

CRAWFORD, SANDY J
300 MARINE STREET
CARRABELLE, FL 32322

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: *Sandy J Crawford* DATE: 1-12-04

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

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

TITLE	P
NAME	CRAWFORD, SANDY J
STREET ADDRESS	HWY 98 W.
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	VP
NAME	CRAWFORD, RONALD D
STREET ADDRESS	HWY 98 W.
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	ST
NAME	CRAWFORD, BETTY W
STREET ADDRESS	HWY 98 W.
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000006267
01/16/04-80028-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Sandy J Crawford* Date: 1-12-04 Daytime Phone #: 407-445-8744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR