


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 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



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3335990 Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, SANDY J
 300 MARINE STREET
 CARRABELLE, FL 32322

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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. **\$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	

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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: *Sandy Crawford* 1-12-05 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR