


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000108135**  
 1. Entity Name  
**GMRI LEASING, INC.**



Principal Place of Business      Mailing Address  
**5900 LAKE ELLENOR DR**      **5900 LAKE ELLENOR DR**  
**ORLANDO, FL 32809**      **ORLANDO, FL 32809**



01182005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**36-4336393**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIGAN, PATRICK 6100 LAKE ELLENOR DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIVES, PAULA J 5900 LAKE ELLENOR DR. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENTZ, DOUGLAS E 5900 LAKE ELLENOR DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, WILLIAM R III 6100 LAKE ELLENOR DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WALKER, ANTHONY 6100 LAKE ELLENOR DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000191917  
 01/24/05-80191-023 150.00

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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)(f), 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:** \_\_\_\_\_ **1/19/05** **407-285-5342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #