

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # V63412**  
1. Entity Name  
**AMERICAN PROFESSIONAL LEASING, INC.**

Principal Place of Business <b>27080 HICKORY BLVD. BONITA SPRINGS FL 33959</b>	Mailing Address <b>800 GALLIA STREET SUITE 803 PORTSMOUTH OH 45662</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number **31-1360857** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAWYER, JOHN C  
27080 HICKORY BLVD.  
BONITA SPRINGS FL 33959**

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete LAWYER, JOHN C. 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662
TITLE	VD <input type="checkbox"/> Delete LAWYER, TODD M. 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662
TITLE	SD <input type="checkbox"/> Delete LAWYER, RUTH A. 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662
TITLE	D <input type="checkbox"/> Delete J. DIRK LAWYER 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662
TITLE	VD <input type="checkbox"/> Delete LAWYER, BEAU S 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662
TITLE	D <input type="checkbox"/> Delete LAWYER, BRETT M 800 GALLIA ST, SUITE 803 PORTSMOUTH OH 45662

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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U00000369185  
06/08/05-80003-015 550.00

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: *John C. Lawyer* President **6-3/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR