


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90029 025 \*\*\*158.75

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



Principal Place of Business  
**27080 HICKORY BLVD.  
 BONITA SPRINGS, FL 33959**

Mailing Address  
**800 GALLIA STREET  
 SUITE 803  
 PORTSMOUTH, OH 45662**

**DO NOT WRITE IN THIS SPACE**



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1360857</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWYER, JOHN C  
 27080 HICKORY BLVD.  
 BONITA SPRINGS, FL 33959**

**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 \_\_\_\_\_ 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  
 Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWYER, JOHN C. 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWYER, TODD M. 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWYER, RUTH A. 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. DIRK LAWYER 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWYER, BEAU S 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWYER, BRETT M 800 GALLIA ST, SUITE 803 PORTSMOUTH, OH 45662

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **JOHN C. Lawyer** 7/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #