


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 08:00 AM
Secretary of State

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



06122007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE 06/20/07-80004-008 158.75

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

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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 a _____ address, with all other like empowered.

SIGNATURE: John C. Lawyer President 6/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #