

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63412

FILED
Feb 23, 2010
Secretary of State

Entity Name: AMERICAN PROFESSIONAL LEASING, INC.

Current Principal Place of Business:

27080 HICKORY BLVD.
BONITA SPRINGS, FL 33959

New Principal Place of Business:

Current Mailing Address:

800 GALLIA STREET
SUITE 803
PORTSMOUTH, OH 45662

New Mailing Address:

FEI Number: 31-1360857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: LAWYER, JOHN C.
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

Title: VD
Name: LAWYER, TODD M.
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

Title: SD
Name: LAWYER, RUTH A.
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

Title: D
Name: J. DIRK LAWYER
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

Title: VD
Name: LAWYER, BEAU S
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

Title: D
Name: LAWYER, BRETT M
Address: 800 GALLIA ST, SUITE 803
City-St-Zip: PORTSMOUTH, OH 45662

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN C. LAWYER

PRES

02/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date