


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 025 ***150.00

DOCUMENT # P04000100982 1. Entity Name R. & R. COMMERCIAL LEASING, INC.					
Principal Place of Business 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525			Mailing Address 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525		
2. Principal Place of Business - No P.O. Box # 37828 SKYRIDGE CR.		3. Mailing Address 37828 SKYRIDGE CR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DADE CITY, FL		City & State DADE CITY, FL		4. FEI Number 20-1457977	
Zip 33525		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINALDO, JAMES 37824 SKYRIDGE CIRCLE DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 37828 SKYRIDGE CR. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RINALDO, JAMES E STREET ADDRESS 37824 SKYRIDGE CR. CITY-ST-ZIP DADE CITY, FL 33525m	<input type="checkbox"/> Delete		TITLE 37828 SKYRIDGE CR. NAME STREET ADDRESS 37828 SKYRIDGE CR. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME RINALDO, MAUREEN STREET ADDRESS 2925 ALHAMBRA AVE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE 613 ONTARIO AVE NAME STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-13-07 Daytime Phone # 813-788-2715		