

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63412

Entity Name: AMERICAN PROFESSIONAL LEASING, INC.

FILED
Jan 27, 2014
Secretary of State
CC8113780532

Current Principal Place of Business:

800 GALLIA STREET
SUITE 803
PORTSMOUTH, OH 45662

Current Mailing Address:

800 GALLIA STREET
SUITE 803
PORTSMOUTH, OH 45662

FEI Number: 31-1360857

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

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

Title D
Name LAWYER, BRETT M
Address 800 GALLIA ST, SUITE 803
City-State-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: TOM BRANKAMP

EMPOWERED INDIVIDUAL 01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date