2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90045 010 ***150.00

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1. Entity Name
WHITMIRE LEASING CORPORATION

400430440

03222005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
200 N. LAURA ST., 10TH FLOOR JACKSONVILLE, FL 32202	200 N. LAURA ST., 10TH FLOOR JACKSONVILLE, FL 32202

2. Principal Place of Business	3. Mailing Address
135 Professional Dr.	135 Professional Dr
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach
Zip 32082 Country	Zip 32082 Country

4. FEI Number 59-0622280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITMIRE, G. W. 4579 ORTEGA BLVD. JACKSONVILLE, FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETERSEN, J.W. 4620 ALGONQUIN JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITMIRE, G W 4909 ARAPAHOE JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDP WHITMIRE JR, G W 200 N LAURA ST. JACKSONVILLE, FL 32201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Whitmire Jr, G.W. 135 Professidral Dr, Suite 104 Ponte Vedra Beach, FL 32082	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBISON, E.W. 4850 ORTEGA BLVD. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #