2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# 333740

Entity Name: GATOR AUTO LEASING, INC.

Current Principal Place of Business:

3535 N MAIN STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3535 N MAIN STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-1264246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLEWELLYN, H. RICHARD JR.
1901 TAMIAMI TRAIL
PUNTA GORDA, FL 33950 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 ( ) Delete
Name: LLEWELLYN, H. RICHARD JR.
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete
Name: HELPHENSTINE, JOANN P
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD ( ) Delete
Name: HELPHENSTINE, BRETT R
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: LOMBARDO, DIANA
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: HELPHENSTINE, JOANN P
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD (X) Change ( ) Addition
Name: HELPHENSTINE, BRETT R
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change ( ) Addition
Name: LOMBARDO, DIANE
Address: 1901 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JO ANN P. HELPHENSTINE STD 04/26/2008

Electronic Signature of Signing Officer or Director — Date