

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 460949

1. Entity Name
AMERICAN EQUIPMENT LEASING CORP.



Principal Place of Business
**3011 GOLFVIEW DR
VERO BEACH, FL 32960 US**

Mailing Address
**3011 GOLFVIEW DR
VERO BEACH, FL 32960 US**



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1645565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECKHARDT, WILLIAM R
3011 GOLFVIEW DRIVE
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000141439
04/30/04-80011-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	SDVT
NAME	ECKHARDT, WILLIAM R
STREET ADDRESS	3011 GOLFVIEW DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	PD
NAME	ECKHARDT, WILLIAM R
STREET ADDRESS	3011 GOLFVIEW DR.
CITY-ST-ZIP	VERO BEACH, FL 32960, 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Eckhardt

Date

Daytime Phone #