

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 590484

1. Entity Name
J & A LEASING, INC.



Principal Place of Business
 2024 45TH STREET, NORTH
 ST. PETERSBURG, FL 33713

Mailing Address
 2024 45TH STREET, NORTH
 ST. PETERSBURG, FL 33713



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1858813	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANGELO
 2024 45TH STREET, NORTH
 ST. PETERSBURG, FL 33713

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, JOSEPHINE 2024 45TH ST. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GONZALEZ, ANGELO 2024 45TH ST. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/08/08-20039-003 150.00

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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: Angelo Gonzalez Pres. *Angelo Gonzalez, President* 1-30-08 727-345-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #