
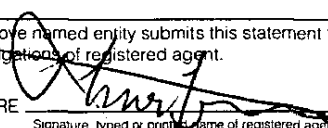


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90032 017 ***150.00

DOCUMENT # 595976			
1. Entity Name W. S. LEASING CORP.			
Principal Place of Business 3982 HAMILTON CLUB CR. SARASOTA FL 34242		Mailing Address 3982 HAMILTON CLUB CR. SARASOTA FL 34242	
ADDRESS CHANGE			
2. Principal Place of Business 5750 MIDNIGHT PASS RD E 506		3. Mailing Address SAME	
Suite, Apt. #, etc. E 506		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34242	Country	Zip	Country
6. Name and Address of Current Registered Agent R. WENDELL SPRAGINS 3982 HAMILTON CLUB CR. SARASOTA FL 34242		7. Name and Address of New Registered Agent 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 2/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SPRAGINS, R. WENDELL 3982 HAMILTON CLUB CR. 5750 MIDNIGHT PASS RD SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPRAGINS, LYNDA L 3982 HAMILTON CLUB CR. DECEASED SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **R. WENDELL SPRAGINS** **741-3425797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/7/04** Date Daytime Phone #