

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 822824**

1. Entity Name  
**FLEXI-VAN LEASING, INC.**



Principal Place of Business

**251 MONROE AVE  
KENILWORTH, NJ 07033**

Mailing Address

**251 MONROE AVE  
KENILWORTH, NJ 07033**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**13-1985646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 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	PD
NAME	ELKAS, GEORGE
STREET ADDRESS	251 MONROE AVE
CITY-ST-ZIP	KENILWORTH, NJ
TITLE	SGO
NAME	VAUGHAN, BERNARD
STREET ADDRESS	251 MONROE AVE
CITY-ST-ZIP	KENILWORTH, NJ
TITLE	D
NAME	MURDOCK, DAVID H
STREET ADDRESS	251 MONROE AVE
CITY-ST-ZIP	KENILWORTH, NJ
TITLE	V
NAME	HECK, JEFFREY
STREET ADDRESS	251 MONROE AVE
CITY-ST-ZIP	KENILWORTH, NJ
TITLE	D
NAME	WIEMAN, ROBERTA
STREET ADDRESS	251 MONROE AVE
CITY-ST-ZIP	KENILWORTH, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80042-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
1/23/2008

Daytime Phone #