

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 824920

1. Entity Name

CONTINENTAL LEASING COMPANY INC.



Principal Place of Business

175 MIDDLESEX TURNPIKE
BEDFORD MA 01730

Mailing Address

175 MIDDLESEX TURNPIKE
BEDFORD MA 01730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2297141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES MCCANN
4615 MEADOW LARK LANE
BOYNTON BEACH FL 33436

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MCCANN, JAMES F. JR.
STREET ADDRESS
175 MIDDLESEX TURNPIKE
CITY-ST-ZIP
BEDFORD MA 01730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000000071935
03/01/04-80091-011 150.00 ☐ Change ☐ Addition

TITLE
NAME
C
MCCANN, JAMES F.
STREET ADDRESS
175 MIDDLESEX TURNPIKE
CITY-ST-ZIP
BEDFORD MA 01730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
ST
BUNT, JAMES
STREET ADDRESS
175 MIDDLESEX TURNPIKE
CITY-ST-ZIP
BEDFORD MA 01730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
D
HILL, BOB
STREET ADDRESS
175 MIDDLESEX TURNPIKE
CITY-ST-ZIP
BEDFORD MA 01730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VP
MCCANN, KEVIN
STREET ADDRESS
175 MIDDLESEX TURNPIKE
CITY-ST-ZIP
BEDFORD MA 01730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Hill, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

Date

781-533-0208

Daytime Phone #