


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 824920 1. Entity Name CONTINENTAL LEASING COMPANY INC.	
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Principal Place of Business 175 MIDDLESEX TURNPIKE BEDFORD, MA 01730	Mailing Address 175 MIDDLESEX TURNPIKE BEDFORD, MA 01730
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2297141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAMES MCCANN 4615 MEADOW LARK LANE BOYNTON BEACH, FL 33436	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCCANN, JAMES F. JR.
STREET ADDRESS	175 MIDDLESEX TURNPIKE
CITY - ST - ZIP	BEDFORD, MA 01730
TITLE	C
NAME	MCCANN, JAMES F.
STREET ADDRESS	175 MIDDLESEX TURNPIKE
CITY - ST - ZIP	BEDFORD, MA 01730
TITLE	ST
NAME	BUNT, JAMES
STREET ADDRESS	175 MIDDLESEX TURNPIKE
CITY - ST - ZIP	BEDFORD, MA 01730
TITLE	D
NAME	HILL, BOB
STREET ADDRESS	175 MIDDLESEX TURNPIKE
CITY - ST - ZIP	BEDFORD, MA 01730
TITLE	VP
NAME	MCCANN, KEVIN
STREET ADDRESS	175 MIDDLESEX TURNPIKE
CITY - ST - ZIP	BEDFORD, MA 01730
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/10/05-80032-019 150.00

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)(f), 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 1/4/05 781 533-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #