

**"2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 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**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**JAMES MCCANN
4615 MEADOW LARK LANE
BOYNTON BEACH, FL 33436**

**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, 2007 Fee will be \$550.00**

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

**U000000592328
01/19/07-80057-024 150.00**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
HILL, BOB
175 MIDDLESEX TURNPIKE
BEDFORD, MA 01730**

**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: Robert Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CORPORATE
OFFICER**

1/9/07
Date

781-533-0208
Daytime Phone #