

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000904	
1. Entity Name FLEXI LEASE, INC.	

Principal Place of Business C/O JAMES MCGUIRE 14930 LAGUNA DRIVE FT. MYERS, FL 33908	Mailing Address C/O JAMES MCGUIRE 14930 LAGUNA DRIVE FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2699905	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 re-electing) DATE _____

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

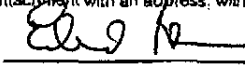
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCGRATH, FRANK 10 WOODVIEW DRIVE HOWELL, NJ 07731
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BLUM, EDWARD 8 NEWLAND PLACE ABERDEEN, NJ 07747
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03/15/05-80009-017 150.00

12. I hereby certify that the information supplied with the 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 807, 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

3/1/05

Date

Daytime Phone