2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F02000002718



Apr 29, 2004 8:00 am Secretary of State

FILED

1. Entity Name ADVANCE AMERICA LEASING SERVICES, INC.								04-29-20)04 90216	038 ***.	150.00
Principal Plac	e of Business	5	Mailing Address				T.				
			135 NORTH CHURCH STREET SPARTANBURG, SC 29306			l.					
2. Principal P	lace of Busin	ess	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04272004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State	City & State			4. FEI Numb			<u> </u>	plied For t Applicable
Zíp	Country		Zip	Countr				of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current R	egistered Agent	Agent Name			7. Name and Address of New Registered Agent				
NRAI SERVICES,INC. 526 E. PARK AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS		= -						<u></u>		<u>.</u>	
				City					FL	Zip Code	9
	named entity tions of regist	y submits this statement for lered agent.	the purpose of changing its	register	ed office or re	egister	ed agent, or bo	oth, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE											
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						\$5. Add	00 May Be ed to Fees	•			
10.	T	OFFICERS AND D		11.		• • • •		/CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	135 NOR	R, WILLIAM M IV TH CHURCH STREET NBURG, SC 29306	☐ Delete			D.S.G	ector 4	CEO		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	135 NOR	D, JOHN T TH CHURCH STREET NBURG, SC 29306	☐ Delete	1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WHATLE 135 NOR	Y, JAMES W TH CHURCH STREET NBURG, SC 29306	☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	135 NOR	OBERT W TH CHURCH STREET NBURG, SC 29306	☐ Delete		ſ					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	135 NOR	N, GEORGE D JR TH CHURCH STREET NBURG, SC 29306	☐ Delete		I					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY	ET ADDRESS -ST-ZIP				-	☐ Change	Addition

receipt certify may me mormation supplied with this ming does not quality for the exemption stated in Section 119.07(3)(ii). 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 physice 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