2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005141

1. Entity Name

JANEX EQUIPMENT LEASING, INC.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

149 WEERTS ROAD SAN MATEO, FL 32187 Mailing Address

PO BOX 400 PALATKA, FL 32178



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01182007 No Chg-P	CR2E034 (11/05)	
4. FEI Number	Applied For	
NOT APPLICABLE	Not Applicable	
	- \$8.75 Additional	

5. Certificate of Status Desired

\$8./5 Addition Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR 2598 L'ERMITAGE LANE NAPLES, FL 34105

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	named entity submits this statement for the pions of registered agent	urpose of changing its regis	stered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Regi	stered Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contributi	~	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	
TITLE	PST	<u></u>			
NAME	DE LA TORRE, ROBERT				
STREET ADDRESS	PO BOX 400				U00000633996
CITY-ST-ZIP	PALATKA, FL 32178		ı		02/21/07-80086-003 155.00
TITLE					
NAME	•		1		
STREET ADDRESS					

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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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS

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