


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000254</b> 1. Entity Name EDLO LEASING, INC.	
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Principal Place of Business 428A MAIN ST. WINDERMERE, FL 34786	Mailing Address 428A MAIN ST. WINDERMERE, FL 34786
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**DO NOT WRITE IN THIS SPACE**

04282004 No Chg-P CR2E034 (10/03)

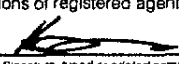
4. FEI Number 71-0751157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, KENNY  
428A MAIN ST.  
WINDERMERE, FL 34786

**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  Kenny Davis 4/29/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC LANGFORD, JIM 33 RISCO WAY HOT SPRINGS VILLAGE, AR 71909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC LANGFORD, JIM 33 RISCO WAY HOT SPRINGS VILLAGE, AR 71909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANGFORD, JAMIE 33 RISCO WAY HOT SPRINGS VILLAGE, AR 71909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DAVIS, KELI 428A MAIN ST. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000147325  
05/03/04-80101-023 150.00

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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)(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 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: Kenny Davis Keli Davis 4/29/04 407-876-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #