2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006329

1. Entity Name
VARILEASE FINANCE, INC.

Principal Place of Business	Mailing Address
8451 BOULDER COURT WALLED LAKE, MI 48390	8451 BOULDER COURT WALLED LAKE, MI 48390

01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3620014
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VANHELLEMONT, ROBERT W
STREET ADDRESS	1320 N. LAKE WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	MILLER, GARY F
STREET ADDRESS	2792 TALL TIMBERS
CITY-ST-ZIP	MILFORD, MI 48380
TITLE	CD
NAME	ADONDAKIS, GREGORY
STREET ADDRESS	13046 S. MOUNTAIN CREST
CITY-ST-ZIP	DRAPER, UT 84020
TITLE	CD
NAME	PUGLISI, JOHN
STREET ADDRESS	13046 S. MOUNTAIN CREST
CITY-ST-ZIP	DRAPER, UT 84020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80027-014 150.00

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