## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 02, 2005 08:00 AM Secretary of State DOCUMENT # F04000000662 RD EQUIPMENT LEASING, INC. Mailing Address Principal Place of Business 2780 N. FLFORIDA AVE. 2780 N. FLFORIDA AVE. HERNANDO, FL 34442 HERNANDO, FL 34442 02112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0452459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR DO NOT WRITE 200 AVIATION DRIVE, SUITE 2 NAPLES, FL 34104 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITI F DRIGGERS, WALTER J NAME STREET ADDRESS 2780 N FLORIDA AVE HERNANDO, FL 34442 CITY-ST-ZIP 03/02/05-80008-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 supplier ental leport 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.

NAME OF SKINING OFFICER OR DIRECTOR

FILED

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