

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 027 ***158.75

DOCUMENT # F04000000662

1. Entity Name
RD EQUIPMENT LEASING, INC.



40107710



Principal Place of Business
ONE NE 1ST AVE.
SUITE 301
OCALA, FL 34470

Mailing Address
ONE NE 1ST AVE.
SUITE 301
OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number

20-0452459

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name **WALTER J. DRIGGERS III**

Street Address (P.O. Box Number is Not Acceptable)

1747 SE 5th St

City **Ocala**

FL

Zip Code **34471**

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 **WALTER J. Driggers III** *Walter J. Driggers III* **4/30/07**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PSTD**
STREET ADDRESS **DRIGGERS, WALTER J**
CITY-ST-ZIP **1900 SE 5TH ST**
OCALA, FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **1747 SE 5th St**

☒ Change ☐ Addit

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter J. Driggers III*