

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000006200**

1. Entity Name  
**VENDOR LEASING FINANCIAL CORPORATION**



Principal Place of Business

**10533 AVILA CIR.  
FT. MYERS, FL 33913**

Mailing Address

**10533 AVILA CIR.  
FT. MYERS, FL 33913**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2450314**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADDISON, JOEL N  
10533 AVILA CIR.  
FT. MYERS, FL 33913**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000776191  
01/09/08-80014-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADDISON, JOEL N
STREET ADDRESS	10533 AVILA CIR.
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	S
NAME	ADDISON, PATRICIA
STREET ADDRESS	10533 AVILA CIR.
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Joel Addison Joel N. Addison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 239-561-2911

Date

Daytime Phone #