

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 041 ***150.00



DOCUMENT # F94000003608
 1. Entity Name
DEVELOPMENT AND LEASING CORPORATION

Principal Place of Business: ~~SOUTHWEST ST~~
~~MERRILL WI 54452~~
 Mailing Address: **PO BOX 378**
MERRILL WI 54452



MOORE CR2E034 (11/03)

2. Principal Place of Business: **400 South Kyles St.**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State: **Merrill, Wis**
 Zip: **54452** Country

4. FEI Number: **39-1088551** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
DUNLAP, DAVISSON F JR
215 S. MONROE ST
2ND FLOOR, FIRST FLORIDA BANK BLDG
TALLAHASSEE FL 32302-2095

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	SEMLING, JOHN P	
STREET ADDRESS	1811 E. 9TH ST	
CITY-ST-ZIP	MERRILL WI 54452	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALM, ALAN K	
STREET ADDRESS	312 N. PARK ST	
CITY-ST-ZIP	MERRILL WI 54452	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEBER, WILBURN J	
STREET ADDRESS	N1418 NORELL DR	
CITY-ST-ZIP	MERRILL WI 54452	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRIER, WAYNE A	
STREET ADDRESS	1403 E. 9TH ST	
CITY-ST-ZIP	MERRILL WI 54452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: **1/28/03** DAYTIME PHONE #: **715-536-9411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR