

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90092 041 ***150.00

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1. Entity Name

DEVELOPMENT AND LEASING CORPORATION



Principal Place of Business

~~SOUTH EAST ST~~
~~MERRILL WI 54452~~

Mailing Address

PO BOX 378
MERRILL WI 54452

2. Principal Place of Business

400 South Kyes St.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Merrill, Wis

City & State

Merrill, Wis

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

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, 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
NAME SEMLING, JOHN P
STREET ADDRESS 1811 E. 9TH ST
CITY-ST-ZIP MERRILL WI 54452 ☐ Delete

TITLE VD
NAME MALM, ALAN K
STREET ADDRESS 312 N. PARK ST
CITY-ST-ZIP MERRILL WI 54452 ☐ Delete

TITLE TD
NAME WEBER, WILBURN J
STREET ADDRESS N1418 NORELL DR
CITY-ST-ZIP MERRILL WI 54452 ☐ Delete

TITLE S
NAME MARRIER, WAYNE A
STREET ADDRESS 1403 E. 9TH ST
CITY-ST-ZIP MERRILL WI 54452 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

1/28/03

Date

715-536-9411

Daytime Phone #