

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 006 ***150.00

DOCUMENT # F94000003608
 1. Entity Name
DEVELOPMENT AND LEASING CORPORATION



Principal Place of Business: **400 S KYES ST., MERRILL WI 54452**
 Mailing Address: **PO BOX 378 MERRILL WI 54452**

50011995



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malm, Alan K	
STREET ADDRESS	1002 Heritage Court	
CITY-ST-ZIP	Merrill, Wis. 54452	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weber, Wilburn J.	
STREET ADDRESS	N 7926 Popple Lane	
CITY-ST-ZIP	Irma, Wis 54442	
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		

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: Wilburn J. Weber, Wilburn J. Weber 1/31/05 715-536-9411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #