

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**DUNLAP, DAVISSON F JR  
215 S. MONROE ST  
2ND FLOOR, FIRST FLORIDA BANK BLDG  
TALLAHASSEE FL 32302-2095**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **Malm, Alan K**  
CITY-ST-ZIP **1002 Heritage Court  
Merrill, Wis. 54452**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **Weber, Wilburn J.**  
CITY-ST-ZIP **N7936 Popple Lane  
Irma, Wis 54442**

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

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

TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/05*  
Date

*715-536-9411*  
Daytime Phone #