2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000003608

1. Entity Name
DEVELOPMENT AND LEASING CORPORATION

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

DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be $550.00

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

U00000939090
05/28/08-80012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SEMLING, JOHN P
STREET ADDRESS	1811 E. 9TH ST
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	VD
NAME	MALM, ALAN K
STREET ADDRESS	1002 HERITAGE COURT
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	TD
NAME	WEBER, WILBURN J
STREET ADDRESS	N7926 POPPLE LANE
CITY-ST-ZIP	IRMA, WI 54442
TITLE	S
NAME	MARRIER, WAYNE A
STREET ADDRESS	1403 E. 9TH ST
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wilburn J. Weber 4/28/08 715-536-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #