


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002797 1. Entity Name APPLEWAY EQUIPMENT LEASING, INC.	
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Principal Place of Business 8520 E SPRAGUE AVE. SPOKANE, WA 99212	Mailing Address PO BOX 13098 SPOKANE, WA 99213
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-0980203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

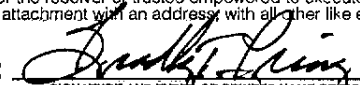
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRP PRING, BRADLEY T 911 E. RIVERSIDE HARBOR DR. POST FALLS, ID 83854
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OWSLEY, KIRK M 12707 N MUZZY RD NEWMAN LAKE, WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KLOTZ, MICHAEL R 1100 E COZZA DR APT 30 SPOKANE, WA 99208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PRINCE, SUSAN 8207 E VISTA LN SPOKANE, WA 99212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PETERSON, JOHN 7923 S CEDAR RD SPOKANE, WA 99224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/05-80005-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Bradley T. Pring** **1-11-05** **509-927-1288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #