

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90176 042 ***150.00

DOCUMENT # F96000003037

1. Entity Name
FIRSTLEASE, INC.



Principal Place of Business
5718 E COLUMBUS DR
TAMPA, FL 33619

Mailing Address
4815 BUFORD HIGHWAY
NORCROSS, GA 30071-2703

40086400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

58-2214302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, SOL H
~~233 EAST BAY STREET~~
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1470 S. Third Street

City

JACKSONVILLE BEACH, FL

Zip Code

32250

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HICKS, WILLIAM W	
STREET ADDRESS	4125 WELLINGTON LAKE	
CITY-ST-ZIP	DULUTH, GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRELL, GEORGE E	
STREET ADDRESS	1718 HONEY TREE PLACE	
CITY-ST-ZIP	HOSCHTON, GA 30548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL KOMINSKY	
STREET ADDRESS	400 N. Pine Island Rd. #202	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY SASSER	
STREET ADDRESS	1415 NEAL STREET	
CITY-ST-ZIP	COOKEVILLE, TN 38501	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Johnson	
STREET ADDRESS	1415 NEAL STREET	
CITY-ST-ZIP	COOKEVILLE, TN 38501	
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

3/17/2006

Date

678 291 0689

Daytime Phone #