

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003037

FILED
Jul 02, 2007
Secretary of State

Entity Name: FIRSTLEASE, INC.

Current Principal Place of Business:

5718 E COLUMBUS DR
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

4815 BUFORD HIGHWAY
NORCROSS, GA 300712703

New Mailing Address:

FEI Number: 58-2214302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOMINSKY, RANDALL
Address: 400 N. PINE ISLAND RD 202
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: V () Delete
Name: MORRELL, GEORGE E
Address: 1718 HONEY TREE PLACE
City-St-Zip: HOSCHTON, GA 30548

Title: D () Delete
Name: SAFER, GARRY
Address: 1415 NEAL STREET
City-St-Zip: GULFPORT, MS 39501

Title: D () Delete
Name: JOHNSON, GEORGE
Address: 1415 NEAL STREET
City-St-Zip: COOKEVILLE, TN 38501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SASSER, GARRY
Address: 1415 NEAL STREET
City-St-Zip: GULFPORT, MS 39501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HICKS, WILLIAM W
Address: 4125 WELLINGTON LAKE COURT
City-St-Zip: DULUTH, GA 30097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. HICKS

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date