

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004210

FILED  
Jan 14, 2004  
Secretary of State

**Entity Name:** LITE EQUIPMENT LEASING CORPORATION

**Current Principal Place of Business:**

5633 A1A SOUTH  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1093 A1A BEACH BLVD  
PMB #421  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 52-0964415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASZARD, TIMOTHY  
536 TURNBERRY LA  
ST AUGUSTINE, FL 32080 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HASZARD, TIMOTHY R  
Address: 536 TURNBERRY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VS ( ) Delete  
Name: HASZARD, SHARON L  
Address: 536 TURNBERRY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: HASZARD, TIMOTHY R  
Address: 536 TURNBERRY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VS (X) Change ( ) Addition  
Name: HASZARD, SHARON L  
Address: 536 TURNBERRY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** TIMOTHY R. HASZARD

PRES

01/14/2004

Electronic Signature of Signing Officer or Director

Date