2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F98000000278

1. Entity Name

LEASE AND RENTAL MANAGEMENT CORP.



Principal Place of Business

45 HAVERHILL ST. ANDOVER, MA 01810 Mailing Address

45 HAVERHILL ST. ANDOVER, MA 01810

FILED Aug 02, 2004 08:00 AM Secretary of State



07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-2651339

Applied For Not Applicable

5. Certificate of Status Desired

\$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

WINDHAM, NH 03087

DELUCA, WILLIAM P III

WINDHAM, NH 03087

COOK, KATHLEEN R

ANDOVER, MA 01810

66 CENTRAL ST.

164 RANGE RD.

DT

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		1			
	named entity submits this statement for the ions of registered agent.	e purpose of changing its registered of	fice or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signsture, typed or printed name of registered agent and t	itle // applicable (NOTE Registered Age	nt signature	required when reinstalling)	DAYE
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Financing Trust Fund Contribution.	· 🗆	\$5.00 May 8e Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					Let Mark Market
TURLE NAME STREET ADDRESS CUTY-ST-ZIP	C DELUCA, WILLIAM P JR. 21 FARMER RD. WINDHAM, NH 03087				U00800169177 08/02/04-80013-022 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DP COOK, MICHAEL R 66 CENTRAL ST. ANDOVER, MA 01810				
SITUE NAME SIREET ADDRESS	DS DELUCA, KATHLEEN M 21 FARMER RD.				

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall flavor of the corporation or the receiver or trustee empowered to execute this report as required by Charles changed, or on an attachment with an address, with all other like empowered. 149 97(3)(i). Florida Statutes. I further certify that the information regal effect as if made under oath, that I am an officer or director ide Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE: _

CITY - ST- 218

CHY-ST-ZIP

CITY-ST-ZIP

HILE

NAME STREET ADDRESS

NAME STREET ADDRESS

HILE NAME STREET ADDRESS

Michael R. Cook.