

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002556

FILED
Feb 12, 2004
Secretary of State

Entity Name: GULF COAST EQUIPMENT LEASING, INC.

Current Principal Place of Business:

PO BOX 91508
MOBILE, AL 36691

New Principal Place of Business:

Current Mailing Address:

PO BOX 91508
MOBILE, AL 36691

New Mailing Address:

FEI Number: 63-1189926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, C. F
3245 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32505 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: PC () Delete
Name: GREENWOOD, L. D
Address: 3751 JOY SPRINGS DRIVE
City-St-Zip: MOBILE, AL 36693

Title: VVC () Delete
Name: COPELAND, J. R
Address: 3751 JOY SPRINGS DRIVE
City-St-Zip: MOBILE, AL 36693

Title: D () Delete
Name: ROBINSON, C. F
Address: 3245 WEST FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GREENWOOD, L. D
Address: 3751 JOY SPRINGS DRIVE
City-St-Zip: MOBILE, AL 36693

Title: VP (X) Change () Addition
Name: COPELAND, J. R
Address: 3751 JOY SPRINGS DRIVE
City-St-Zip: MOBILE, AL 36693

Title: SEC (X) Change () Addition
Name: ROBINSON, C. F
Address: 3245 WEST FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32505

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: C.F. ROBINSON

SECR

02/12/2004

Electronic Signature of Signing Officer or Director

_____ Date