


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002556	
1. Entity Name GULF COAST EQUIPMENT LEASING, INC.	

Principal Place of Business PO BOX 91508 MOBILE, AL 36691	Mailing Address PO BOX 91508 MOBILE, AL 36691
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1189926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, C. F
3245 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32505**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PRES GREENWOOD, L. D 3751 JOY SPRINGS DRIVE MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COPELAND, J. R 3751 JOY SPRINGS DRIVE MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ROBINSON, C. F 3245 WEST FAIRFIELD DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: J R Copeland CFO JRCOPELAND 17 Jan 06 (251) 661-187-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #