

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000002556

1. Entity Name
GULF COAST EQUIPMENT LEASING, INC.



Principal Place of Business

**3751 JOY SPRINGS DRIVE
MOBILE, AL 36693**

Mailing Address

**PO BOX 91508
MOBILE, AL 36691**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1189926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
-- Trust Fund Contribution -- ☒

**\$5.00 May Be
Added to Fees**

**U000000785351
01/16/08-80090-023-150.00**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.R. Copeland

1/10/08

251-661-1275

Date

Daytime Phone #