2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jul 12, 2006 08:00 AM **Secretary of State** DOCUMENT # G30772 1. Entity Name P G & H LEASING CORP. Principal Place of Business Mailing Address 1512 FOURTH AVE. 1512 FOURTH AVE. TAMPA, FL 33605 **TAMPA, FL 33605** CR2E034 (11/05) 07072006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2411780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STULL, R. JEFFREY PA DO NOT WRITE 602 SOUTH BLVD TAMPA, FL 33606 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE HILLIS, PAUL G. NAME **5924 RIVER TERRACE** STREET ADDRESS CITY-ST-ZIP TAMPA, FL VP TITLE NAME HILLIS, GRAHAM STREET ADDRESS 11004 RIDGEDALE ROAD CITY-ST-ZIP TEMPLE TERRACE, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06

813-248-2481

Daytime Phone #

FILED