


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G44568</b> 1. Entity Name <b>GALEANA LEASING, INC.</b>	
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Principal Place of Business <b>14375 S. TAMiami TRAIL FORT MYERS, FL 33912-8943</b>	Mailing Address <b>14375 S. TAMiami TRAIL FORT MYERS, FL 33912-8943</b>
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01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1068529</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MUDRY, LEON 14375 S. TAMiami TRAIL FORT MYERS, FL 33912-8943</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALEANA, FRANK 13323 ROSEWOOD LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUDRY, LEON 14375 S. TAMiami TRAIL FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOONE, WANDA 3525 23RD AVENUE S.W. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALEANA, CARL 46538 SHELLEY POND DR NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/04-80002-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any attachment with an address with all other like empowered.

**SIGNATURE:** *Frank Galeana* **3-17-04** **239-481-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #