

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # G50992**

1. Entity Name  
**MONUMENT LEASING CORP.**



Principal Place of Business  
C/O JAMES WILKERSON, JR.  
6950 PHILIPS H., SUITE 35  
JACKSONVILLE, FL 32216 US

Mailing Address  
JAMES R. WILKERSON, JR.  
PO BOX 550829  
JACKSONVILLE, FL 32255-0829 US

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2307146**

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**

COVINGTON, BARRY W  
6950PHILIPS HIGHWAY STE 35  
JACKSONVILLE, FL 32216

**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 retesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COVINGTON, BARRY W  
STREET ADDRESS 6950 PHILIPS HW, STE 35  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VPD  
NAME WILKERSON, JAMES R JR  
STREET ADDRESS 6950 PHILIPS HWY, STE 35  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE STD  
NAME WILKERSON, NANCY C.  
STREET ADDRESS 6950 PHILIPS HWY SUITE 35  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000311559  
04/18/05-80048-018 150.00

**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 an attachment with an address, with all other like empowered.

**SIGNATURE:** *Nancy C. Wilkerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Wilkerson

*4-14-05*

Date

*904-296-123*

Daytime Phone #