


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90070 041 ***150.00

DOCUMENT # H34818 1. Entity Name ATLANTIC DIVISIONS EQUIPMENT LEASING, INC.			
Principal Place of Business 4750 HIGHWAY AVENUE JACKSONVILLE, FL 32254 US		Mailing Address 4750 HIGHWAY AVENUE JACKSONVILLE, FL 32254 US	
2. Principal Place of Business 4681 Highway Ave Suite, Apt. #, etc.		3. Mailing Address 4681 Highway Ave Suite, Apt. #, etc.	
City & State Jacksonville, FL. Zip 32254 Country Duval		City & State Jacksonville, FL. Zip 32254 Country Duval	
4. FEI Number 59-2620822		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 WOOD, JULIAN A 14433 RUM KEG COURT JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4681 Highway Ave. City Jacksonville FL Zip Code 32254	
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: <i>Julian A Wood</i> DATE: 04/09/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARGRAVES, J. CAROLYN 14882 PLUMOSA DRIVE JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hargraves, J. Carolyn 4681 Highway Ave. Jacksonville, FL. 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, JULIAN A. 14433 RUM KEG CT JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wood, Julian A. 4681 Highway Ave. Jacksonville, FL. 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, WANDA 14433 RUM KEG CT JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wood, Wanda 4681 Highway Ave. Jacksonville, FL. 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Julian A Wood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.</small>		DATE: 04/09/2004 <small>Daytime Phone #</small>	

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04092004 Chg-P CR2E034 (10/03)