


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90033 021 ***150.00

DOCUMENT # H34818 1. Entity Name ATLANTIC DIVISIONS EQUIPMENT LEASING, INC.	
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Principal Place of Business 4681 HIGHWAY AVE. JACKSONVILLE, FL 32254 US	Mailing Address 4681 HIGHWAY AVE. JACKSONVILLE, FL 32254 US
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08062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2620822	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOD, JULIAN A 4681 HIGHWAY AVE. JACKSONVILLE, FL 32224

**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  DATE <u>8/5/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

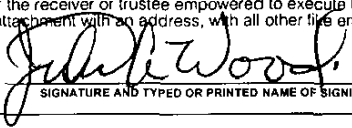
**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JULIAN A 4681 HIGHWAY AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, WANDA P 4681 HIGHWAY AVE. JACKSONVILLE, FL 32254
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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 title empowered. SIGNATURE:  DATE <u>8/5/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>
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