2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # H94268 🗻 🛖

1. Entity Name 3-T LEASING INC.



Principal Place of Business

1001 W DR M.L.KING JR BLVD PLANT CITY, FL 33566-5150 US Mailing Address

1001 W DR. M.L.KING JR BLVD PLANT CITY, FL 33566-5150 US

FILED Apr 22, 2004 08:00 AM Secretary of State



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2809921 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BHARDWAJ, ASHOK 1001 W DR MLK BLVD PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

Action 19 The Control of the Control

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am fan	illar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and fills	# applicable (NOTE: Registered	Agent signature required when reinetating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000124458 04/22/04-80046-0	11 150.00
10.	OFFICERS AND DIREC	CTORS		The same of the sa	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHCROFT, L.D. PO BOX 1526 N/A TRUTH OR CONSEQUENCES, NM	· · · · · · · · · · · · · · · · · · ·		THIS SPACE	·
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TITLE NAME STREET ADDRESS			en de letter som en en skrivsk <mark>etter</mark> ke wild.	Market Company of the	en e

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

ASHOK BHARDWAI

813 754 2692