

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90278 013 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2809921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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**

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 \_\_\_\_\_

**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	C
NAME	KAVARANA, F K
STREET ADDRESS	24 HOMI MODI ST
CITY-ST-ZIP	BOMBAY, IN
TITLE	D
NAME	VENKITESWARAN, V.
STREET ADDRESS	2908 FOREST CLUB DR.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	KRISHNAKUMAR, R.K.
STREET ADDRESS	MAHATMA GANDI ROAD
CITY-ST-ZIP	MUMBAI, INDIA,
TITLE	D
NAME	ASHCROFT, L.D.
STREET ADDRESS	PO BOX 1526 N/A
CITY-ST-ZIP	TRUTH OR CONSEQUENCES, NM
TITLE	DP
NAME	BHARDWAJ, ASHOK
STREET ADDRESS	1001 DR MLK BLVD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-05 813 754-2602**