

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47521

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: C.E.M.S. LEASING COMPANY

## Current Principal Place of Business:

9550 E COLUMBUS DR  
STE B  
TAMPA, FL 33619 US

## New Principal Place of Business:

9550 E COLUMBUS DR  
TAMPA, FL 33619 US

## Current Mailing Address:

9550 E COLUMBUS DR  
STE B  
TAMPA, FL 33619 US

## New Mailing Address:

9550 E COLUMBUS DR  
TAMPA, FL 33619 US

FEI Number: 59-2754272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPMAN, ROBERT E.  
9550 E COLUMBUS DR STE B  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

CHAPMAN, ROBERT E PRES  
9550 E COLUMBUS DR  
TAMPA, FL 33619 US

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.

SIGNATURE: ROBERT E. CHAPMAN

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CHAPMAN, ROBERT E.,  
Address: 9550 E COLUMBUS DR STE B  
City-St-Zip: TAMPA, FL

Title: ST ( ) Delete  
Name: MYERS, HOLLY H,  
Address: 6529 KING PALM WAY  
City-St-Zip: APOLLO BCH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CHAPMAN, ROBERT E PRES  
Address: 9550 E COLUMBUS DR  
City-St-Zip: TAMPA, FL 33619 US

Title: ST (X) Change ( ) Addition  
Name: MYERS, HOLLY H ST  
Address: 6529 KING PALM WAY  
City-St-Zip: APOLLO BCH, FL 33572 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY H. MYERS

ST

01/30/2007

Electronic Signature of Signing Officer or Director

Date