

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J82587

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA NATIONAL LEASING CORP.

**Current Principal Place of Business:**

1705 COLONIAL BLVD STE A-1  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1705 COLONIAL BLVD STE A-1  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 59-2830105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKER, PATRICIA M.  
613 ASTARIAS CIR  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: PARKER, MICHAEL S.  
Address: 613 ASTARIAS CIR  
City-St-Zip: FORT MYERS, FL 33919 US

Title: DVS  
Name: PARKER, PATRICIA M.  
Address: 613 ASTARIAS CIR  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA PARKER

V

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date