

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # K12004

1. Entity Name
DON L. LEASING MANAGEMENT, INC.



Principal Place of Business
**3250 NW 23 AVE O-100
POMPAÑO BEACH, FL 33069-5903**

Mailing Address
**3250 NW 23 AVE O-100
POMPAÑO BEACH, FL 33069-5903**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0026643

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LLOYD, MAXWELL
3250 NW 23RD AVENUE O-100
POMPAÑO BEACH, FL 33069-5903**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD, MAXWELL 3250 NW 23 AVE, #0-100 POMPAÑO BCH, FL 330695903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, STEPHEN 3250 NW 23 AVENUE, #0-100 POMPAÑO BEACH, FL 330695903
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04/15/05-80093-022 150.00

**DO NOT WRITE
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

Maxwell Lloyd

4/14/05

Date

954-968-7900

Daytime Phone #