

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # K12004

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



Principal Place of Business
**3250 NW 23 AVE 0-100
POMPANO BEACH, FL 33069-5903**

Mailing Address
**3250 NW 23 AVE 0-100
POMPANO BEACH, FL 33069-5903**

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

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 0-100
POMPANO 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 registers

SIGNATURE _____

Signature

me for registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000542706
05/10/06-80109-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD, MAXWELL 3250 NW 23 AVE, #0-100 POMPANO BCH, FL 330695903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, STEPHEN 3250 NW 23 AVENUE, #0-100 POMPANO BEACH, FL 330695903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #