

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 045 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # K42178					
1. Entity Name DOCKERY LEASING CORPORATION					
Principal Place of Business 2026 CRYSTALWOOD LAKELAND, FL 33801		Mailing Address PO BOX 2805 LAKELAND, FL 33806			
2. Principal Place of Business <i>2026 Crystal Wood Drive</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Lakeland, FL</i>		City & State		4. FEI Number 59-2921756	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <i>33801</i>	Country <i>USA</i>	Zip	Country		
6. Name and Address of Current Registered Agent DOCKERY, CHARLES C. 2026 CRYSTALWOOD LAKELAND, FL 33801			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
<i>2026 Crystal Wood Drive</i>			<i>2026 Crystal Wood Drive</i>		
City			City		Zip Code
FL			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPVT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOCKERY, C.C.		NAME		
STREET ADDRESS	2026 CRYSTAL WOOD		STREET ADDRESS	<i>2026 Crystal Wood Drive</i>	
CITY - ST - ZIP	LAKELAND, FL 33801		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOCKERY, PAULA		NAME		
STREET ADDRESS	2026 CRYSTAL WOOD		STREET ADDRESS	<i>2026 Crystal Wood Drive</i>	
CITY - ST - ZIP	LAKELAND, FL 33801		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FARRIS, VICKY		NAME	<i>Carl Dockery</i>	
STREET ADDRESS	2026 CRYSTAL WOOD		STREET ADDRESS	<i>2026 Crystal Wood Drive</i>	
CITY - ST - ZIP	LAKELAND, FL 33801		CITY - ST - ZIP	<i>Lakeland, FL 33801</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>[Signature]</i>			Date: <i>1/23/5</i>		Daytime Phone #: <i>863 665 6252</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #