

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90015 007 ***150.00

DOCUMENT # K42178 1. Entity Name DOCKERY LEASING CORPORATION					
Principal Place of Business 2026 CRYSTALWOOD DRIVE LAKELAND, FL 33801			Mailing Address PO BOX 2805 LAKELAND, FL 33806		
2. Principal Place of Business <i>2026 Crystalwood Drive</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2921756	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOCKERY, CHARLES C. 2026 CRYSTALWOOD DRIVE LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2026 Crystalwood Drive</i> City FL Zip Code	
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 <i>[Signature]</i> DATE <i>1/25/06</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT DOCKERY, C.C. 2026 CRYSTALWOOD DRIVE LAKELAND, FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2026 Crystalwood Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOCKERY, PAULA 2026 CRYSTALWOOD DRIVE LAKELAND, FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2026 Crystalwood Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOCKERY, CARL 2026 CRYSTALWOOD DRIVE LAKELAND, FL 33801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2026 Crystalwood Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i> 1/25/06 863 6656252 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					