


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K70948 1. Entity Name MULTI-SOURCE LEASING, INC.					
Principal Place of Business 1409 KINGSLEY AVE. 14-C ORANGE PARK FL 32073-5558 US			Mailing Address 1409 KINGSLEY AVE. 14-C ORANGE PARK FL 32073-5558 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent DAVIS, CAL 1409 KINGSLEY AVE. #14-C ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) 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 acknowledge the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY - ST - ZIP	DPS DAVIS, CAL 1409 KINGSLEY AVE #14-C ORANGE PARK FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000014688 01/27/04-80033-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, CAL 1409 KINGSLEY AVE #14-C ORANGE PARK FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cal Davis* **SA - Davis** **1/23/04** **904264500/**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #