## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K70948

Entity Name: MULTI-SOURCE LEASING, INC.

FILED Mar 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1409 KINGSLEY AVE. 1409 KINGSLEY AVE.

14-C 1-C

ORANGE PARK, FL 320735558 US ORANGE PARK, FL 320735558 US

Current Mailing Address: New Mailing Address:

1409 KINGSLEY AVE. 1409 KINGSLEY AVE.

14-C 1-C ORANGE PARK, FL 320735558 US 0RANGE PARK, FL 320735558 US

FEI Number: 59-2938729 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, CAL
1409 KINGSLEY AVE. #14-C

DAVIS, CAL
1409 KINGSLEY AVE. #1-C

1409 KINGSLEY AVE. #14-C
ORANGE PARK, FL 32073 US
1409 KINGSLEY AVE. #1-C
ORANGE PARK, FL 32073 US

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.

SIGNATURE: 03/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete

Name: DAVIS, CAL, Address: 1409 KINGSLEY AVE #14-C

City-St-Zip: ORANGE PARK, FL

Title: T () Delete

Name: DAVIS, CAL,

Address: 1409 KINGSLEY AVE #14-C City-St-Zip: ORANGE PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition

Name: DAVIS, CAL,

Address: 1409 KINGSLEY AVE #1-C City-St-Zip: ORANGE PARK, FL

Title: T (X) Change () Addition

Name: DAVIS, CAL,

Address: 1409 KINGSLEY AVE #1-C City-St-Zip: ORANGE PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAL DAVIS PRES 03/05/2006