

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K87509

1. Entity Name
MARSTEN/THG MODULAR LEASING CORPORATION



Principal Place of Business
**801 DOUGLAS AVE
STE 207
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**801 DOUGLAS AVE
STE 207
ALTAMONTE SPRINGS, FL 32714 US**



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0122539

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBER, THOMAS
2137 JACKSONVILLE ST.
FT. MYERS, FL 33916**

**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 registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000105103
04/07/04-80011-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALEWSKI, ALEXANDRE CH-1936 VERBIER CHEMIN DES VERNES, SWITZ.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, THOMAS 2137 JACKSONVILLE STREET FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, E. RAY 2240 BELLEAIR ROAD, SUITE 190 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALEWSKI, FABRICE TOUR ARAGO 5 RUE BELLINI PUTEAUX LA DEFENSE, FRANCE, 92800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALEWSKI, RAPHAEL TOUR ARAGO 5 RUE BELLINI PUTEAUX LA DEFENSE, FRANCE, 92800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, JEAN C 2744 SUMMERDALE DR N CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tom Weber **3-27-04** **407-774-5551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #