

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90115 043 ***158.75

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 65-0122539			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, THOMAS 2137 JACKSONVILLE ST. FT. MYERS, FL 33916				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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALEWSKI, ALEXANDRE CH-1936 VERBIER CHEMIN DES VERNES, SWITZ.,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, THOMAS 2137 JACKSONVILLE STREET FT. MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, E. RAY 2240 BELLEAIR ROAD, SUITE 190 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALEWSKI, FABRICE TOUR ARAGO 5 RUE BELLINI PUTEAUX LA DEFENSE, FRANCE, 92800	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALEWSKI, RAPHAEL TOUR ARAGO 5 RUE BELLINI PUTEAUX LA DEFENSE, FRANCE, 92800	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, JEAN C 2744 SUMMERDALE DR N CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, E. RAY 1250 S. BELCHER RD, # 120 LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Tom Weber</i> Tom Weber 3-8-05 407-774-5551					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50026258



03012005 Chg-P CR2E034 (10/03)

FL Zip Code