-2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K91389 1. Entity Name **FUTURE LEASING CORPORATION**



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business 2471 MCMULLEN BOOTH RD. STE. 316 CLEARWATER, FL 33759 US Mailing Address 2471 MCMULLEN BOOTH RD. CLEARWATER, FL 33759 US



DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2950776 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASALLA, MICHAEL J. 2471 MCMULLEN BOOTH RD. STE. 316

				7		,		eren Vilo			wer.	ι			200 A	200	954) 1941)	,				44.4	40	15.1		Ϊ.
		Ö	7	÷				***	Ι,			~;	:		7		,,								•	•
			1		٠ļ٢	Ŀ	Œ					Ξ.	ن	Ŀ.	1					٠						
钦	. 3	Г	ы		t :	P	J		"	Т		1	١.		u,	П	T	1	i,							
45	4	×	Ġ	Ņ,		*	4	•		4			į, s	3	3	ķ,	. 8.	2	ĸ.	٠.	٠,	. •	٠.	٠.٠		
	3.		á		*		r i			٠		ж.	j.			- 2		, ; ,	ď	•						
P		П	3	ľ	: 1			П		š		3	i	J	Δ	ιŧ		!				•		• •	•	
46	16	٠,	1		: :	٠; '	٠, ١	""		٠.,	٠,	_	•	- 4		.,			•							

CLEARWA	(IER, FL 33759	į.										
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 Signature, typed or printed name of registered sport and title of applicable (NOTE. Registered Agent signature required when retrisiating) DATE												
		,			T							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	U00000152936 05/04/04-80106-008 150.00							
10.	OFFICERS AND DIREC	TORS			in a market and a m							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASALLA, MICHAEL J. 2471 MUMULLEN BOOTH RD., STE. CLEARWATER, FL 33759	316										
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
12. I hereby indicated	certify that the information supplied with this fi I on this report or supplemental report is true a	ling does not qualify for the exer and accurate and that my signat	nption state ure shall ha	d in Section 119.07(3) ve the same legal effe	(i), Florida Statutes. I further certify that the information oct 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 \$\frac{1}{2}\$ lother like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN