


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L27200**  
 1. Entity Name  
**DURDEN LEASING, INC.**



Principal Place of Business      Mailing Address  
 2605 THOMAS DR                      2605 THOMAS DR  
 PANAMA CITY, FL 32408    US      PANAMA CITY, FL 32408    US

**DO NOT WRITE IN THIS SPACE**



04052005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-2973318**

Applied For	Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DURDEN, K. EARL  
 2605 THOMAS DRIVE  
 PANAMA CITY BEACH, FL 32411

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

000000336847  
 04/27/05-80142-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	DURDEN, K. EARL
STREET ADDRESS	2605 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	DP
NAME	DURDEN, MICHAEL E.
STREET ADDRESS	2605 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	T
NAME	HELMS, D SCOTT
STREET ADDRESS	2605 THOMAS DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	S
NAME	PARKER, BARRY L
STREET ADDRESS	2605 THOMAS DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:       4/22/05      850-230-8771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #