

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L43037 1. Entity Name CLOSE LEASING SYSTEMS, INC.	
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Principal Place of Business 3351 SOUTH U.S. HWY 1 FORT PIERCE FL 34982	Mailing Address 18504 TRANQUILITY BSE LANE PORT SAINT LUCIE FL 34987
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 65-0168879	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLOSE, PATRICIA 18504 TRANQUILITY BASE LANE PORT ST LUCIE FL 34988		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 renouncing)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE 40% PS	NAME CLOSE, JUSTIN J	TITLE	NAME U00000501175
STREET ADDRESS 311 AVENIDA - DE PAZ	CITY-STATE-ZIP INDIALANTIC FL 32903	STREET ADDRESS	CITY-STATE-ZIP 04/25/05-80051-021 158.75
TITLE 60% VT	NAME BROWN-CLOSE, PATRICIA	TITLE	NAME
STREET ADDRESS 18504 TRANQUILITY BASE LANE	CITY-STATE-ZIP PORT SAINT LUCIE FL 34987	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 I am empowered.

SIGNATURE: *Patricia B. Close* **VP-T** **4-6-06** **772-595-3009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR