2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L52887

Entity Name

TRIANGLE LEASING OF FLORIDA, INC.



Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

100 MORGAN KEEGAN DRIVE

STE 200

LITTLE ROCK, AR 72202 US

Mailing Address

100 MORGAN KEEGAN DR

200

DO NOT WRITE IN THIS SPACE

LITTLE ROCK, AR 72202 US



FILED

01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-1728337

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the plans of registered agent	ourpose of changing i	ts registered affice or t	egistered agent, or both, in	the State of Florida. I am familiar with, and ac	
SIGNATURE_						
	Signature, typed or printed name of registered egent and title	n applicable. (#10	JTE flegistered Agent signature	a required when reinstating)		· .
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS						\dashv
title Vame Street address	P CLAIR, RICHARD C 6508 MIAMI BLUFF DRIVE					
27Y-SI-71P	CINCINNATI OH 45227		1		ນຕົດຕົດຕົນໄປເປັນ	5

D TITLE COLLINS, KEVIN P 21 OLD HILL FARM ROAD STREET ADDRESS CITY-ST-ZIP WESTPORT, CT 06880 TITLE BACHMAN, DAVID R NAME STREET ADORESS 100 MORGAN KEEGAN DR # 200 LITTLE ROCK, AR 72202 CITY-SI-ZIP TITLE COLE, MICHAEL R MAME STREET ADDRESS 100 MORGAN KEEGAN DR # 200 C13Y-ST-23P LITTLE ROCK, AR 72202 TITLE ECKERT, JAMES W NAME STREET ADDRESS 1061 WEST SUTTON COURT CITY-ST-ZIP PALATINE, IL 60067 DILE SMITH, CHRISTOPHER H

136 SOUTHPORT WOODS DRIVE

SOUTHPORT, CT 06490

000000411816 02/10/06-80016-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIG	NA.	TU	RE:
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STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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