

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90040 026 ***150.00

DOCUMENT # L61634

1. Entity Name

MARQUETTE LEASING, INC.



Principal Place of Business

3614 S.E. 21ST AVE.
CAPE CORAL FL 33904

Mailing Address

% JAN'S BOOKKEEPING
POST OFFICE BOX 25
MARQUETTE IA 52158

44040825



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Attn: Sheldon Clinton

Suite, Apt. #, etc.

Suite, Apt. #, etc.

34618 County Hwy K

City & State

City & State

Prairie du Chien, WI

Zip

Country

Zip

Country

53821

Crawford

4. FEI Number

65-0186695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75. Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLMAN, BRUCE A.
3614 S.E. 21 ST. AVE.
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DILLMAN, BRUCE
STREET ADDRESS 3614 S.E. 21ST AVE.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DILLMAN, PATRICIA
STREET ADDRESS 3614 S.E. 21ST AVE.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME LOTZA, JAN
STREET ADDRESS 10483 GROUSE ROAD
CITY-ST-ZIP MONONA IA 52159

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jan Lotza

02-18-04 608-326-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #