

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61634

FILED
Jan 25, 2009
Secretary of State

Entity Name: GULF COAST HOT MIX EQUIPMENT LEASING, INC.

Current Principal Place of Business:

326 BAY SHORE DR
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

ATTN: JAN LOTZA
34618 COUNTY HWY K
PRAIRIE DU CHIEN, WI 53821

New Mailing Address:

FEI Number: 65-0186695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DILLMAN, BRUCE A
326 BAY SHORE DR
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DILLMAN, PATRICIA F
326 BAY SHORE DR
CAPE CORAL, FL 33904 US

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.

SIGNATURE: PATRICIA F DILLMAN

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLMAN, BRUCE
Address: 326 BAY SHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Delete
Name: DILLMAN, PATRICIA
Address: 326 BAY SHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: LOTZA, JAN
Address: 34618 COUNTY HWY K
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DILLMAN, PATRICIA F
Address: 326 BAY SHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA F DILLMAN

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date