

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 049 ***550.00

DOCUMENT # L75868

1. Entity Name
BLAZER EQUIPMENT LEASING, INC.



Principal Place of Business

**407 COMMERCE WAY
STE 1A
JUPITER, FL 33458 US**

Mailing Address

**407 COMMERCE WAY STE 1A
STE 1A
JUPITER, FL 33458 US**

2. Principal Place of Business

1005 W INDIANTOWN RD

3. Mailing Address

1005 W INDIANTOWN RD

Suite, Apt. #, etc.

SUITE B-102

Suite, Apt. #, etc.

SUITE B-102

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

US

Zip

33458

Country

US



07012005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0194488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EMIG, LARRY E
2701 SW ANN ARBOR ROAD
PORT ST LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1079 SW BLUE WATER WAY

City

STUART

FL

Zip Code

34997

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VERMURLEN, ROBERT R.	
STREET ADDRESS	407 COMMERCE WAY #2A	
CITY-ST-ZIP	JUPITER, FL	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	EMIG, LARRY E.	
STREET ADDRESS	407 COMMERCE WAY #2A	
CITY-ST-ZIP	JUPITER, FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1005 W INDIANTOWN RD, Ste B-102	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1005 W INDIANTOWN RD, Ste B-102	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature] **LARRY E. EMIG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561/575-3124