2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 05, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L96291 1. Entity Name RABCO LEASING, INC. Principal Place of Business Mailing Address 2556 N. MCMULLEN-BOOTH ROAD 2556 N. MCMULLEN-BOOTH ROAD CLEARWATER, FL 33761 CLEARWATER, FL 33761 06302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3028562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIGHTOWER, R. NATHAN DO NOT WRITE 400 CLEVELAND ST. CLEARWATER, FL 34615 IN THIS SPACE 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 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May Be corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE RABON, BRUCE NAME 2556 MCMULLEN BOOTH ROAD STREET ADDRESS U00000370642 07/05/05-90026-002 150.00 CITY-ST-ZIP CLEARWATER, FL 33761 DVP TITLE NAME RABON, KATHRYN STREET ADDRESS 2556 MCMULLEN BOOTH ROAD CITY-ST-ZIP CLEARWATER, FL 33761 s and the second of the second TITLE NAME HUNTER, VIRGINIA 2556 MCMULLEN BOOTH ROAD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL 33761 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 127-726-705

FILED