


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90455 014 \*\*\*150.00

<b>DOCUMENT # M80086</b> 1. Entity Name CHARTERCRAFT LEASING AND SALES, INC.	
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Principal Place of Business 712 S OREGON AVE SUITE 200 TAMPA, FL 33606 US	Mailing Address 712 S OREGON AVE SUITE 200 TAMPA, FL 33606 US
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**14016970**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1944362	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KRUSEN, W. ANDREW, JR.  
712 S OREGON AVE SUITE 200  
TAMPA, FL 33606

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRUSEN, W. ANDREW, JR. 712 S OREGON AVE SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC KRUSEN, WILLIAM A. 712 S OREGON AVE SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS JONES, DOUGLAS N 712 S OREGON AVE SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUSEN, CHARLES B 465 PARK AVE APT 13A NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Douglas N. Jones* 4-30-04 813-937-3009