

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # M81620**

1. Entity Name  
**COMLEASE CORPORATION**



Principal Place of Business

**% DOUGLAS E. GONANO  
1600 SOUTH FEDERAL HWY., SUITE 200  
FT. PIERCE, FL 34950**

Mailing Address

**1600 S FEDERAL HWY  
STE 200  
FORT PIERCE, FL 34950-5178 US**



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0053162**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GONANO, DOUGLAS E.  
1600 S FEDERAL HWY  
STE 200  
FT. PIERCE, FL 34950**

**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 resigning)

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**

**000000113163  
04/14/04-80052-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONANO, DOUGLAS E. 1600 S FED. HWY., STE200 FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSS, KAREN 1600 S. FED. HWY., #200 FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

*Karen B. Russ, Assistant Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/04*  
Date

*772-464-1032*  
Daytime Phone #  
*#1207*