



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 042 ***150.00

DOCUMENT # M92965 1. Entity Name E. W. J. LEASING, INC.					
Principal Place of Business 5721 DEWEY ST HOLLYWOOD, FL 33023 US			Mailing Address 5721 DEWEY ST HOLLYWOOD, FL 33023 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
02062008 Chg-P CR2E034 (12/06)				4. FEI Number 65-0068348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSTON, JR., EARL W 6844 SW 14 STREET 5721 DEWEY ST. PEMBROKE PINES, FL 33023 HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name EARL W. JOHNSTON, JR. Street Address (P.O. Box Number is Not Acceptable) 5721 DEWEY ST. City HOLLYWOOD FL Zip Code 33023		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSTON, EARL W. JR. <input type="checkbox"/> Delete 6844 SW 14 STREET 5721 DEWEY ST. PEMBROKE PINES, FL 33023 HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, LYNNE A <input type="checkbox"/> Delete 6844 SW 14 STREET 5721 DEWEY ST. PEMBROKE PINES, FL 33023 HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lynne Johnston VP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-6-08 954-989-7794 Date Daytime Phone #		