


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 018 ***150.00

DOCUMENT # M98829 1. Entity Name PERFORMANCE LEASING CORPORATION OF COLLIER COUNTY	
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Principal Place of Business 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	Mailing Address 1061 COLLIER CENTER WAY NAPLES, FL 34110 US
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0073588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LESTER, DON E 1061 COLLIER CENTER WAY NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESTER, DEAN C 9927 KONA ISLE CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LESTER, SUZANNE F 1061 COLLIER CENTER WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESTER, DON E 1061 COLLIER CENTER WAY NAPLES, FL 34110
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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: 	4-29-05	239- 593-1660
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>