

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90038 007 \*\*\*\*70.00

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|   |                     |   |   |  |  |
|---|---------------------|---|---|--|--|
| <b>DOCUMENT # N37978</b><br>1. Entity Name<br><b>LEE COUNTY GOVERNMENTAL LEASING CORPORATION</b>  |                     |   |   |  |  |
| Principal Place of Business<br>% JAMES G. YAEGER<br>2115 2ND ST.<br>FT. MYERS, FL 33901   |                     |   | Mailing Address<br>% JAMES G. YAEGER<br>2115 2ND ST.<br>FT. MYERS, FL 33901 |  |  |
| 2. Principal Place of Business  |                     |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |                     |   | Suite, Apt. #, etc.   |  |  |
| City & State  |                     |   | City & State  |  |  |
| Zip   | Country             | Zip   | Country   | 01052004 Chg-NP CR2E037 (10/03)<br>4. FEI Number<br>65-0194072     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                     |   |   | Applied For<br>Not Applicable                                      |  |
| 6. Name and Address of Current Registered Agent   |                     |   |   | 7. Name and Address of New Registered Agent                        |  |
| YAEGER, JAMES G.<br>2115 2ND ST.<br>FT. MYERS, FL 33901   |                     |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |                     |   |   | FL Zip Code  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                     |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>                             |  |
| Make check payable to<br>Florida Department of State  |                     |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete   | TITLE   | D  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | JANES, ROBERT       |   | NAME  | Janes, Robert  |  |
| STREET ADDRESS  | 2120 MAIN ST.       |   | STREET ADDRESS  | 2120 Main St.  |  |
| CITY-ST-ZIP   | FT. MYERS, FL 33901 |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| TITLE   | PD                  | <input type="checkbox"/> Delete   | TITLE   | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | JUDAH, RAY          |   | NAME  | Judah, Ray   |  |
| STREET ADDRESS  | 2120 MAIN ST.       |   | STREET ADDRESS  | 2120 Main St.  |  |
| CITY-ST-ZIP   | FT. MYERS, FL 33901 |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete   | TITLE   | D  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | COY, ANDREW W       |   | NAME  | Coy, Andrew W.   |  |
| STREET ADDRESS  | 2120 MAIN ST.       |   | STREET ADDRESS  | 2120 Main St.  |  |
| CITY-ST-ZIP   | FT. MYERS, FL 33901 |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| TITLE   | VD                  | <input type="checkbox"/> Delete   | TITLE   | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | ALBION, JOHN        |   | NAME  | Albion, John   |  |
| STREET ADDRESS  | 2120 MAIN ST.       |   | STREET ADDRESS  | 2120 Main St.  |  |
| CITY-ST-ZIP   | FT. MYERS, FL 33901 |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete   | TITLE   | VD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | ST CERNY, DOUGLAS R |   | NAME  | St. Cerny, Douglas R.  |  |
| STREET ADDRESS  | 2120 MAIN ST.       |   | STREET ADDRESS  | 2120 Main St.  |  |
| CITY-ST-ZIP   | FT. MYERS, FL 33901 |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| TITLE   | ST                  | <input type="checkbox"/> Delete   | TITLE   | ST   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | STILWELL, DONALD D  |   | NAME  | Stilwell, Donald D.  |  |
| STREET ADDRESS  | 2115 SECOND STREET  |   | STREET ADDRESS  | 2115 Second Street   |  |
| CITY-ST-ZIP   | FT MYERS, FL 33901  |   | CITY-ST-ZIP   | Ft. Myers, FL 33901  |  |
| 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 617, 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. |                     |   |   |  |  |
| <b>SIGNATURE:</b> <b>John E. Albion</b> 2-3-2004  |                     |   |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                     |   |   |  |  |

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2-3-04