2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N94000005007 1. Entity Name

CORPOR	A COUNTY SCHOOL BOAT PATION	KD LEASING						
Principal Place of Business 620 E UNIVERSITY AVE GAINESVILLE, FL 32601		Mailing Address 620 E UNIVERSITY AVE GAINESVILLE, FL 32601		600	02968			
2. Principal Place of Business - No P.O. Box #		3. Malling Address						IIIEI DI INDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052007 Ct	ng-NP CR	2E037 (12/06)	
City & State		City & State		4. FEI Number 59-327932	7		plied For	
Zip	Country	Zip	Country		5. Certificate of St	_	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>		<u> </u>	ress of New Registe	Fee Require	d .
			Name					
BOYD, W. DANIEL JR 620 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32601			Street Address		P.O. Box Number is !	Not Acceptable)		······
GAINESVI	LLE, PL 32001						-	
			City			· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	е
	named entity submits this statement for	or the purpose of changing its	registered office	or register	red agent, or both, in	the State of Florida.	I am familiar with,	and accept
the obligat	tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable /NOT	E: Registered Agent sign	natura reduced	when reinstation)		DATE	
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	Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing		\$5.00 May Be Added to Fees	l .	check payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Car Trust Fund (npaign Financing	<u> </u>	\$5.00 May Be	Florida 0	check payable to department of St	tate
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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 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF SIGNATU

FILED

Jan 18, 2007 8:00 am Secretary of State

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