

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003162

Entity Name: EQUILEASE PARK, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

404 SW 140TH PLACE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

699 HAWKS TRACE DR.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3616322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, LORRAINE B
699 HAWKO TRACE DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, THOMAS
Address: 699 HAWKS TRACE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPS () Delete
Name: MOWRY, TOM
Address: 5307 NW 91 BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MURPHY

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date