2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P00000054067

Entity Name: G.T. LEASING, INC.

Current Principal Place of Business:

2810 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2810 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3681867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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:	DV	( ) Delete
Name:	NIMNICHT, LEE A	
Address:	1141 PEACHTREE STREET	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	DCV	( ) Delete
Name:	NIMNICHT, BILLIE N III	
Address:	2525 PINERIDGE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	ST	( ) Delete
Name:	ALTERS, TIMOTHY D	
Address:	2133 HILLTOP BLVD	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	DP	( ) Delete
Name:	MARLIER, JAMES F JR.	
Address:	12663 MUIRFIELD BLVD. S	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VP	( ) Delete
Name:	SMITH, SCOTT I	
Address:	4468 COQUINA DR	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TIMOTHY D. ALTERS ST 01/05/2009

Electronic Signature of Signing Officer or Director — Date