## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P00000078436 04-13-2006 90298 010 \*\*\*150.00 S & J LEASING, INC. Principal Place of Business Mailing Address 100 MADRID BOULEVARD #213 100 MADRID BOULEVARD #213 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address SANDHILL BLUD, 24420 24420 SANDHII BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) Chg-P 103 City & State Applied For City & State 4. FEI Number Punta Gorda 65-1047677 Not Applicable unta Goro Country Country \$8,75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENSON, JACK F Street Address (P.O. Box Number is Not Acceptable) 100 MADRID BOULEVARD #213 PUNTA GORDA, FL 33950 ANDHIL BIND. # 103 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 reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 24420 SANDHILL BLVD. Dechange VSTD ☐ Delete TITLE TITLE JOHNS, ALFRED M NAME # 103 STREET ADDRESS STREET ADDRESS ONE WOODLAND DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33982 CITY-ST-ZIP ☐ Delete TITLE TITLE STEPHENSON, JACK F. NAME NAME STREET ADDRESS 100 MADRID BOULEVARD #213 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zia CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this Hing 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 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:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK STEPHENSON

4/7/2006

FILED

(941)766-8028