

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079187

FILED
Mar 04, 2004
Secretary of State

Entity Name: FLORIDA STATE LEASING, INC.

Current Principal Place of Business:

6221 PEMBROKE RD
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6221 PEMBROKE RD
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-1031817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FALZETTI, VINCENT
15921 NORTH WIND CIRCLE
SUNRISE, FL 33326

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: D () Delete
Name: FALZETTI, VINCENT
Address: 15921 NORTH WIND CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: D () Delete
Name: FALZETTI, LISA RAE
Address: 15921 NORTH WIND CIRCLE
City-St-Zip: SUNRISE, FL 33326

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 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 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: LISA FALZETTI

D

03/04/2004

Electronic Signature of Signing Officer or Director

_____ Date