

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90023 050 ***150.00

DOCUMENT # P00000083096					
1. Entity Name BARQUIP LEASING, INC.					
Principal Place of Business 1110 PINE ISLAND ROAD UNIT 5 CAPE CORAL, FL 33909			Mailing Address 1110 PINE ISLAND ROAD UNIT 5 CAPE CORAL, FL 33909		
2. Principal Place of Business 7317 SEAN LANE Suite, Apt. #, etc.		3. Mailing Address 7317 SEAN LANE Suite, Apt. #, etc.			
City & State N. FT. MYERS, FL		City & State N. FT. MYERS, FL		4. FEI Number 65-1043614	
Zip 33917		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVAGE, PATRICK J 1110 PINE ISLAND ROAD UNIT 5 CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name: PATRICK J. SAVAGE Street Address (P.O. Box Number is Not Acceptable): 7317 SEAN LANE City: N. FT. MYERS FL Zip Code: 33917		
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: PATRICK J. SAVAGE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, JAMES P <input type="checkbox"/> Delete 1110 PINE ISLAND ROAD, UNIT 5 CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Patrick J. Savage</i> PATRICK J. SAVAGE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-04 <small>Date</small>		239-671-1713 <small>Daytime Phone #</small>

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