


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90048 001 ****75.00
01-26-2004 90048 002 ****75.00

DOCUMENT # P00000089762					
1. Entity Name: PALM COAST PROPERTY LEASING CORPORATION, INC.					
Principal Place of Business 2 MARKET PLACE UNIT D PALM COAST, FL 32137			Mailing Address 2 MARKET PLACE UNIT D PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3667679	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PORADA, ANDREZEJ 13 PANEI LANE PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name: <u>Porada, Andrzej</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>Palm Coast</u> FL <u>32164</u>		
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 _____ <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 P NAME PORADA, ANDREZEJ STREET ADDRESS 13 PANEI LANE CITY-ST-ZIP PALM COAST, FL 32164	<input type="checkbox"/> Delete		TITLE P NAME Porada, Andrzej STREET ADDRESS 5 Echo Pl. CITY-ST-ZIP Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SKLADZIEN, RYSZARD STREET ADDRESS 123 COCHISE CT CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE VP NAME Rybski, Leszek STREET ADDRESS 11 veranda way CITY-ST-ZIP Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME REELEY, JOANNA STREET ADDRESS P O BOX 351111 CITY-ST-ZIP PALM COAST, FL 32135	<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	
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, without other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/20/04</u> Daytime Phone #: <u>384 445-7945</u>		