



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098302			
1. Entity Name RAIL LEASING, INC.			
Principal Place of Business 2605 THOMAS DR PANAMA CITY, FL 32408		Mailing Address 2605 THOMAS DR PANAMA CITY, FL 32408	
DO NOT WRITE IN THIS SPACE			
		 04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3675478	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURDEN, K EARL 2605 THOMAS DR PANAMA CITY, FL 32408		DO NOT WRITE IN THIS SPACE	
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)</small> DATE _____			
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	1100000136932 04/28/04-80102-016 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DURDEN, K EARL 2605 THOMAS DR PANAMA CITY, FL 32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DURDEN, MICHAEL E 2605 THOMAS DR PANAMA CITY, FL 32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, BARRY L 2605 THOMAS DRIVE PANAMA CITY, FL 32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELMS, D.SCOTT 2605 THOMAS DRIVE PANAMA CITY, FL 32408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  David Scott Helms		Date 4/22/04	Daytime Phone # 850-230-8331