

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 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**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000336856
04/27/05-80142-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	DURDEN, K EARL
STREET ADDRESS	2605 THOMAS DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	DP
NAME	DURDEN, MICHAEL E
STREET ADDRESS	2605 THOMAS DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	S
NAME	PARKER, BARRY L
STREET ADDRESS	2605 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	T
NAME	HELMS, D. SCOTT
STREET ADDRESS	2605 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 650-230-8331

Date

Daytime Phone #