

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000052711

1. Entity Name
CARL FISCHER LEASING, INC.



Principal Place of Business

2881 JEFFERSON ST.
MARIANNA, FL 32446

Mailing Address

PO BOX 138
MARIANNA, FL 32447



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3721891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINSON, THOMAS C
2881 JEFFERSON ST.
MARIANNA, FL 32446

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000671317
03/28/07-90024-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME POVLAOS, LAWRENCE J
STREET ADDRESS 4629 SOUTH PARK EXT
CITY-ST-ZIP DOTHAN, AL 36301

TITLE VPT
NAME ELLIS, JAMES C
STREET ADDRESS 101 EXECUTIVE PARK DRIVE
CITY-ST-ZIP DOTHAN, AL 36303

TITLE S
NAME WILKINSON, THOMAS C
STREET ADDRESS 2881 JEFFERSON STREET
CITY-ST-ZIP MARIANNA, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C. Ellis, Treasurer, 3/15/07 334-792-2153