## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000075342

Entity Name: JTD LEASING ENTERPRISES, INC.

DOLLAT, DONALD G

2695 NE 15TH STREET

POMPANO BEACH, FL 33062

Name:

Address:

City-St-Zip:

FILED Jan 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1670 WEST MCNAB ROAD FT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 1670 WEST MCNAB ROAD FT LAUDERDALE, FL 33309 FEI Number: 65-1120636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELBAUM, REARL ESQ 901 PONCÉ DE LEON BLVD PENTHOUSE STE CORAL GABLES, FL 33134 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WALSH, JOSEPH J Name: Name: 2806 NE 37TH COURT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: PDS Title: () Delete () Change () Addition Name: GOFFAR, DENNIS L Name: 3499 OAKS WAY # 110 Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip: Title: Title: VPDT ( ) Delete () Change () Addition WALSH, THOMAS F Name: Name: 731 NW 101 TERRACE Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: **VPSD** () Delete Title: **VPSD** (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DOLLAR, DONALD G

2695 NE 15TH STREET

POMPANO BEACH, FL 33062

SIGNATURE: DENNIS L. GOFFAR P 01/25/2005