

2004 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90008 022 ***150.00

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| DOCUMENT # P01000101744. | |
| 1. Entity Name PROFESSIONAL LEASING, INC. | |



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| Principal Place of Business P.O. BOX 7663 WINTER HAVEN FL 33881 | Mailing Address P.O. BOX 7663 WINTER HAVEN FL 33881 |
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| 2. Principal Place of Business 2106 HAVENDALE BLVD Suite, Apt. #, etc. | 3. Mailing Address POB 7663 Suite, Apt. #, etc. |
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|---------------------------------|---------------------------------|
| City & State WINTER HAVEN FL | City & State WINTER HAVEN FL |
|---------------------------------|---------------------------------|

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|--------------|----------------|--------------|----------------|
| Zip 33881 | Country USA | Zip 33880 | Country USA |
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MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent BENNETT, WILLIAM G 2106 HAVENDALE BLVD WINTER HAVEN FL 33881 | |
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| 4. FEI Number 59-2196526 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name SAME | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City FL Zip Code | |

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| 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 WG BENNETT PRES | DATE 4-26-04 |

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| <p>FIVE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENNETT, WILLIAM G P.O. BOX 7663 WINTER HAVEN FL 33883 <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 |
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| 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, with all other like empowered. | |
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| SIGNATURE: WG BENNETT | DATE: 4-26-04 | DAYTIME PHONE: 863-293-6960 |
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