

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000105569

FILED
Sep 15, 2005
Secretary of State

Entity Name: EXECUTIVE AUTO LEASING CORP.

Current Principal Place of Business:

273 GLENWOOD DRIVE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

273 GLENWOOD DRIVE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3755316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, CHARLES M
273 GLENWOOD DRIVE
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, CHARLES
Address: 210 FERNERY RD.
City-St-Zip: LAKELAND, FL 33809

Title: DIR () Delete
Name: KING, CHARLES M
Address: 273 GLENWOOD DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: KING, ROBERT D
Address: 3935 MERRI LN
City-St-Zip: LAKELAND, FL 33805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: PARZIALE, KATHERINE M
Address: 273 GLENWOOD DRIVE
City-St-Zip: LAKELAND, FL 33805 US

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.

SIGNATURE: CHARLES M. KING

P

09/15/2005

Electronic Signature of Signing Officer or Director

Date