


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90033 042 ***150.00

DOCUMENT # P01000106699

1. Entity Name
DMV LEASING, INC



Principal Place of Business
**4036 EDISON AVE
 FT MYERS, FL 33916**

Mailing Address
**4036 EDISON AVE
 FT MYERS, FL 33916**

40016959



2. Principal Place of Business
4028 B EDISON AVE

3. Mailing Address
PO BOX 7875

Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS

City & State
FT. MYERS FL

4. FEI Number
65-1149462

Applied For
 Not Applicable

Zip **FL 33916** Country **USA**

Zip **33911** Country **USA**

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

6. Name and Address of Current Registered Agent

**GLOVER, DAVID J
 4036 EDISON AVE
 FT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name **Glover, David J.**

Street Address (P.O. Box Number is Not Acceptable)
4028 B EDISON AVE

City **FT MYERS** **FL** Zip Code **33916**

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] **DAVID J. GLOVER** **1/25/05**

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GLOVER, DAVID J 1507 BRAEBURN RD FORT MYERS, FL 33919 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ANAYA, ERNESTO 4036 EDISON AVE. FORT MYERS, FL 33916 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GLOVER, ELIZABETH D 295 BUFFALO WAY N FORT MYERS, FL 33917 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GLOVER, WILLIAM P II 172 DOVE LANE FORT MYERS, FL 33917 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Glover, William P II 172 DOVE LANE N. Ft. MYERS FL 33917 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *[Signature]* **William P. Glover II** **1/25/05** **239-337-4404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____