


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000069096 1. Entity Name FAUOTE EQUIPMENT LEASING, INC.	
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Principal Place of Business 6431 LONDONDERRY LANE FT. WAYNE, IN 46835	Mailing Address 6431 LONDONDERRY LANE FT. WAYNE, IN 46835
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DO NOT WRITE IN THIS SPACE	01272004 No Chg-P CR2E034 (10/03) 4. FEI Number 35-1898436 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 200 AVIATION DRIVE SUITE 2 NAPLES, FL 34104
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000032016 02/04/04-80172-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P FAUOTE, TOM 6431 LONDONDERRY LANE FT. WAYNE, IN 46835
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC FAUOTE, TOM 6431 LONDONDERRY LANE FT. WAYNE, IN 46835
TITLE NAME STREET ADDRESS CITY ST ZIP	DIR FAUOTE, TOM 6431 LONDONDERRY LANE FT. WAYNE, IN 46835
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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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.	
SIGNATURE: <u>Thomas A. Faute</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-29-04</u> <u>260-485-6967</u> <small>Date Daytime Phone #</small>