
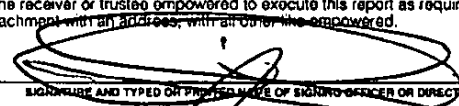


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90270 039 \*\*\*150.00

FILE # P02000110151  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -5 PM 2: 04

<b>DOCUMENT # P02000110151</b>			
1. Entity Name <b>SUNSOUTH LEASING COMPANY, INC.</b>			
Principal Place of Business <b>300 N. WAUKESHA STREET BONIFAY, FL 32425</b>		Mailing Address <b>300 N. WAUKESHA STREET BONIFAY, FL 32425</b>	
2. Principal Place of Business		3. Mailing Address <b>PO BOX 65</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>BONIFAY, FL</b>	
Zip		Zip <b>32425</b>	
Country		Country	
4. FEI Number <b>32-0038113</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MEDLEY, MICHAEL A 300 N. WAUKESHA STREET BONIFAY, FL 32425</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES, BRIAN K 4117 INDIAN TRAIL DESTIN, FL 32541 <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	D MEDLEY, MICHAEL A 1009 MCGEE ROAD BONIFAY, FL 32425 <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	D MCCANN, MICHAEL P 34 WOODNELL DRIVE DOTHAN, AL 36305 <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	D BEAN, MICHAEL A 428 ORCHARD CIRCLE DOTHAN, AL 36305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAN, MICHAEL A 106 HIDDEN PINE PL DOTHAN, AL 36305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASH, JOHN W 17135 FRONT BEACH ROAD, UNIT ER PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASH, JOHN W 3655 SCENIC HWY 98 #301-B DESTIN, FL 32541 <input checked="" 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
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 an officer who empowered.			
SIGNATURE: 		Date: <b>4/12/05</b> Daytime Phone #: <b>850 547-3624</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			