

P02000120763

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 24 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66406957



02122004 No Chg-P CR2E034 (10/03)

\$150.00

DOCUMENT # P02000120763

1. Entity Name  
PACIFIC EQUIPMENT LEASING CORPORATIONPrincipal Place of Business  
1887 W. STATE ROAD 84  
FORT LAUDERDALE, FL 33315 USMailing Address  
1887 W. STATE ROAD 84  
FORT LAUDERDALE, FL 33315 US

DO NOT WRITE IN THIS SPACE

4. FEI Number  
03-0491303Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

D'ESPIES, KEVIN J  
888 E. LAS OLAS BLVD  
#720  
FORT LAUDERDALE, FL 33301DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATEFILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	JOYCE, MICHAEL
STREET ADDRESS	1887 W. STATE ROAD 84
CITY - ST - ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORFEB 20 2004 854463055  
Date Daytime Phone #