## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P02307 1. Entity Name 04-28-2005 90192 008 \*\*\*150.00 DADE LEASE MANAGEMENT, INC. Principal Place of Business Mailing Address 100 MISSION RIDGE 100 MISSION RIDGE 14004693 GOODLETTSVILLE, TN 37072 GOODLETTSVILLE, TN 37072 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 36-3299691 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition **PCEO** ☐ Delete TITLE TITLE PERDUE, DAVID A NAME NAME STREET ADDRESS STREET ADDRESS 100 MISSION RIDGE CITY-ST-ZIP GOODLETTSVILLE, TN 37072 CITY-ST-ZIP ☐ Change ☐ Addition **VPC** ☐ Delete TITLE TITLE LEWIS, ROBERT A NAME NAME STREET ADDRESS 100 MISSION RIDGE STREET ADDRESS CITY-ST-ZIP GOODLETTSVILLE, TN 37072 CITY-ST-ZIP LOTEN CFO Change Ch Addition TITLE TITLE 🔀 Delete David M. Tehle HAGAN, JAMES NAME NAME 100 MISSION RIDGE STREET ADDRESS 100 Mission Ridge STREET ADDRESS Goodlettsville, TN 37072 CITY-ST-ZIP CITY-ST-ZIF GOODLETTSVILLE, TN 37072 TITLE Delete TITLE ☐ Change Addition SMITH, WADE NAME NAME STREET ADDRESS 100 MISSION RIDGE STREET ADDRESS CITY-ST-ZIP GOODLETTSVILLE, TN 37072 CITY-ST-ZIP 5/1 ☐ Change X Addition TITLE ☐ Delete TITLE Susan S. Lanigan NAME NAME loomission Ridge STREET ADDRESS STREET ADDRESS Goodle Haville, TN 37072 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE Stonie R. O'Briant NAME NAME 100 Mission Ridge STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Soudlettsville, TN 3)072 CITY-ST-ZIP 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.

FILED

Daytime Phone #