


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # PC3000023613 1. Entity Name WORTH LEASING COMPANY						FILED 04 FEB 19 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7965 LANTANA RD LAKE WORTH FL 33467				Mailing Address P.O. BOX 541779 LAKE WORTH FL 33454			
2. Principal Place of Business Suite, Apt. #, etc				3. Mailing Address Suite, Apt. #, etc			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SMIGIEL, GARY L.C. 7965 LANTANA RD LAKE WORTH FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P MECCA, PETER L P.O. BOX 541779 LAKE WORTH FL 33454 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000056626 02/19/04-20026-024 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MECCA, LOUIS P.O. BOX 541779 LAKE WORTH FL 33454 <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	ST MECCA, LEONARD P.O. BOX 541779 LAKE WORTH FL 33454 <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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 19.07(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: <i>Leonard Mecca</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/17/04 561-968-3605 <small>Date Daytime Phone #</small>			