

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

DOCUMENT # P03000023613

1. Entity Name

WORTH LEASING COMPANY



FILED  
05 MAR 10 AM 10:52  
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

3. Mailing Address



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3746504  
AP-PLIED FOR

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMIGIEL, GARY L.C.  
7965 LANTANA RD  
LAKE WORTH FL 33467

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MECCA, PETER L  
STREET ADDRESS P.O. BOX 541779  
CITY- ST- ZIP LAKE WORTH FL 33454

TITLE V ☐ Delete  
NAME MECCA, LOUIS  
STREET ADDRESS P.O. BOX 541779  
CITY- ST- ZIP LAKE WORTH FL 33454

TITLE ST ☐ Delete  
NAME MECCA, LEONARD  
STREET ADDRESS P.O. BOX 541779  
CITY- ST- ZIP LAKE WORTH FL 33454

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000246333  
02/28/05-80061-010 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Leonard Mecca* Leonard mecca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

561-968-3605

Daytime Phone #