


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90059 020 \*\*\*\*49.50  
03-09-2004 90031 035 \*\*\*100.50

<b>DOCUMENT # P03000043059</b>			
1. Entity Name <b>C.M.O. LEASING, INC.</b>			
Principal Place of Business <b>333 FEDERAL HIGHWAY LAKE PARK, FL 33403</b>		Mailing Address <b>333 FEDERAL HIGHWAY LAKE PARK, FL 33403</b>	
2. Principal Place of Business <i>333 Federal Hwy 1</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lake Park FLA</i>		City & State	
Zip <i>33403</i>	Country <i>US</i>	Zip	Country
4. FEI Number <i>04-3752823</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>O'DONNELL, CLIFFORD R 333 FEDERAL HIGHWAY LAKE PARK, FL 33403</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Clifford R. O'Donnell</i>		DATE <i>04/02/04</i>	
Signature, type or print name of registered agent and type if applicable. (NOTE: Registered Agent signature required when renewing)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, CLIFFORD R	NAME	
STREET ADDRESS	333 FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, FL 33403	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, MARYANNE R	NAME	
STREET ADDRESS	333 FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, FL 33403	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Clifford R. O'Donnell</i>		DATE <i>04/02/04</i> 1-561-542-6760	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

**66412964**



03252004 Chg-P CR2E034 (10/03)