

**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

**DOCUMENT # P03000043059**  
 1. Entity Name  
**C.M.O. LEASING, INC.**



Principal Place of Business      Mailing Address  
**333 FEDERAL HIGHWAY**      **333 FEDERAL HIGHWAY**  
**LAKE PARK, FL 33403**      **LAKE PARK, FL 33403**

**66412964**



2. Principal Place of Business      3. Mailing Address  
*333 Federal Hwy 1*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Same*  
 City & State      City & State  
*Lake Park FLA*  
 Zip      Country      Zip      Country  
*33403*      *US*

03252004    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3752823**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**O'DONNELL, CLIFFORD R**  
**333 FEDERAL HIGHWAY**  
**LAKE PARK, FL 33403**

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: *Clifford R. O'Donnell*      DATE: *04/02/04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$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	D O'DONNELL, CLIFFORD R 333 FEDERAL HIGHWAY LAKE PARK, FL 33403 <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	D O'DONNELL, MARYANNE R 333 FEDERAL HIGHWAY LAKE PARK, FL 33403 <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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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: *Clifford R. O'Donnell*      DATE: *04/02/04*      DAYTIME PHONE #: *1-561-842-6760*