

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 047 ***150.00

DOCUMENT # P04000006882

1. Entity Name
CAJOLE LEASING COMPANY, INC.



Principal Place of Business
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

Mailing Address
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
400 S. AUSTRALIAN AVE

3. Mailing Address
400 S. AUSTRALIAN AVE

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33401

Country
USA

Zip
33401

Country
USA

03192008 Chg-P CR2E034 (12/06)

4. FEI Number
77-0620750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
JOEL P. KOEPEL
Street Address (P.O. Box Number is Not Acceptable)
400 S. AUSTRALIAN AVE.
#300
City
WEST PALM BEACH FL Zip Code
33401

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 title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

3/18/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D KOEPEL, JOEL P ☐ Delete
STREET ADDRESS
1016 CLEARWATER PLACE
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
400 S. AUSTRALIAN AVE. #300 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL P. KOEPEL 3/18/08 (561) 659-6455
Date Daytime Phone #