


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90059 045 \*\*\*150.00

**DOCUMENT # P04000087515**

1. Entity Name  
**LEASING OF SOUTH FLORIDA, INC.**




Principal Place of Business      Mailing Address  
**211 U.S. HIGHWAY ONE**      **211 U.S. HIGHWAY ONE**  
**LAKE PARK, FL 33403**      **LAKE PARK, FL 33403**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04102008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-1342097**      Not Applicable

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        |          |
|--|--|--|----------|
| <b>CREBER, WAYNE</b><br><b>8257 NEEDLES DRIVE</b><br><b>PALM BEACH GARDENS, FL 33418</b> |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 |                              |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                  |  |  |
|----------------------------|------------------------------|---------------------------------|--|---|----------------------------------|--|--|
| TITLE                      | D                            | <input type="checkbox"/> Delete |  | TITLE   | VP, D                            | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | CREBER, WAYNE                |                                 |  | NAME  | CREBER, WAYNE                    |  |  |
| STREET ADDRESS             | 8257 NEEDLES DRIVE           |                                 |  | STREET ADDRESS  | 8257 NEEDLES DRIVE               |  |  |
| CITY-ST-ZIP                | PALM BEACH GARDENS, FL 33418 |                                 |  | CITY-ST-ZIP   | PALM BEACH GARDENS, FL 33418     |  |  |
| TITLE                      | D                            | <input type="checkbox"/> Delete |  | TITLE   | PT, D                            | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | MANCUSO, RAYMOND             |                                 |  | NAME  | MANCUSO, RAYMOND                 |  |  |
| STREET ADDRESS             | 479 MARINER DRIVE            |                                 |  | STREET ADDRESS  | 479 MARINER DRIVE                |  |  |
| CITY-ST-ZIP                | JUPITER, FL 33477            |                                 |  | CITY-ST-ZIP   | JUPITER, FL 33477                |  |  |
| TITLE                      |                              | <input type="checkbox"/> Delete |  | TITLE   | S, D                             | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       |                              |                                 |  | NAME  | KORMAN, BERTON                   |  |  |
| STREET ADDRESS             |                              |                                 |  | STREET ADDRESS  | TWO NESHAMINY INTERPLEX, STE 307 |  |  |
| CITY-ST-ZIP                |                              |                                 |  | CITY-ST-ZIP   | TREVOSE, PA 19053                |  |  |
| 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 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_