
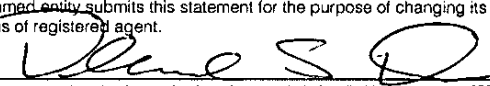


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90057 040 ***158.75

DOCUMENT # P04000154705			
1. Entity Name BRITTCORE LEASING, INC.			
Principal Place of Business 10500 BINKY LANE BONITA SPRINGS, FL 34135		Mailing Address 10500 BINKY LANE BONITA SPRINGS, FL 34135	
2. Principal Place of Business		3. Mailing Address PO Box 1353	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bonita Springs, FL	
Zip	Country	Zip	Country
		34133	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DENNIS, DUANE 10500 BINKY LANE BONITA SPRINGS, FL 34135		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 		Dennis S. Dennis 1-11-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DENNIS, DUANE 10500 BINKY LANE BONITA SPRINGS, FL 34135 <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	VP, S Dennis Kimberly 10500 Binky Lane Bonita Springs, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S Dennis, Kimberly 10500 Binky Lane Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" 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
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
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
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
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: <u>Kimberly Dennis - Kimberly Dennis</u>		Date	Day/Time Phone #
		1-11-05	(239)598-3004

50006386



01102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1852672 Applied For Not Applicable

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