

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000040731**

1. Entity Name  
**G & C CAPITAL LEASING OF DELTONA, INC.**



Principal Place of Business  
**448 WARRIOR TRAIL  
ENTERPRISE, FL 32725**

Mailing Address  
**448 WARRIOR TRAIL  
ENTERPRISE, FL 32725**



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0558585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	LEWIS III, TOM
STREET ADDRESS	448 WARRIOR TRAIL
CITY-ST-ZIP	ENTERPRISE, FL 32725

TITLE	DVPS
NAME	LEWIS, PAULA M
STREET ADDRESS	448 WARRIOR TRAIL
CITY-ST-ZIP	ENTERPRISE, FL 32725

TITLE	
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04/25/08-80055-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

*Thomas M. Lewis*