2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P17955

1. Entity Name
COURTESY LEASING, INC.

Principal Place of Business	Mailing Address
4141 WALL STREET MONTGOMERY, AL 36106 US	P O BOX 4308 MONTGOMERY, AL 36103-4308 US

04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0545936
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 amending) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOLAND, THOMAS F.
STREET ADDRESS	4141 WALL ST
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	VD
NAME	ROBINSON, B. NEAL
STREET ADDRESS	4141 WALL STREET
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	STD
NAME	PARKER, A.M.
STREET ADDRESS	4141 WALL ST
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	D
NAME	BYRD, H.P.
STREET ADDRESS	4141 WALL STREET
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80002-017 150.00

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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: A.M. Parker 4/4/05 334-244-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEC. TREA.