




2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90316 048 ***150.00

DOCUMENT # P21413 55 1. Entity Name ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, INC.			
Principal Place of Business 200 VESTAVIA PARKWAY SUITE 3700 VESTAVIA, AL 35216 US		Mailing Address C/O MARK I. LOTOW 600 CORPORATE PARK DRIVE SAINT LOUIS, MO 63105	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		50044153	
		04132005 Chg-P CR2E034 (10/03)	
		4. FEI Number 43-1455446	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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			
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ANDREW C.	NAME	NESTOR, DAVID K.
STREET ADDRESS	600 CORPORATE PARK DRIVE	STREET ADDRESS	600 CORPORATE PARK DRIVE
CITY-ST-ZIP	SAINT LOUIS, MO 63105	CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, CHUCK	NAME	ROHWEDDER, JOHN E.
STREET ADDRESS	1 RIVERCHASE OFFICE PLAZA #204	STREET ADDRESS	200 VESTAVIA PKWY #3700
CITY-ST-ZIP	BIRMINGHAM, AL 35244	CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	PD <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, DONALD	NAME	WATSON, GAVIN H.
STREET ADDRESS	600 CORPORATE PARK DRIVE	STREET ADDRESS	135 EASTERN B4-PASS
CITY-ST-ZIP	SAINT LOUIS, MO 63105	CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, BRUCE	NAME	WALSH, THOMAS G.
STREET ADDRESS	200 VETAVIA PKWY #3700	STREET ADDRESS	6320 PENSACOLA BVD.
CITY-ST-ZIP	BIRMINGHAM, AL 35216	CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	V <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, JEFF	NAME	LITOW, MARK I.
STREET ADDRESS	219 WOODGATE DRIVE SO.	STREET ADDRESS	600 CORPORATE PARK DRIVE
CITY-ST-ZIP	BRANDON, MS 39042	CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, WILLIAM W	NAME	ZEREKA, JOAN M.
STREET ADDRESS	600 CORPORATE PARK DR.	STREET ADDRESS	600 CORPORATE PARK
CITY-ST-ZIP	SAINT LOUIS, MO 63105	CITY-ST-ZIP	
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: 		MARK I. LITOW, Secy- 4/18/05 314 512-5000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	