

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 011 ***150.00

DOCUMENT # P40458

1. Entity Name
VICOM LEASING COMPANY



Principal Place of Business
**4634 N. FLORIDA AVE.
SUITE A
TAMPA, FL 33603 US**

Mailing Address
**4634 N. FLORIDA AVE.
SUITE A
TAMPA, FL 33603 US**

40115130



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05242007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1421975

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUANE, MARK
4634 N. FLORIDA AVE.
SUITE A
TAMPA, FL 33603**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **RUANE, MARK**
STREET ADDRESS **612 HALLIEWOOD AVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **STD** ☒ Delete
NAME **HARTNETT, CHRISTINE**
STREET ADDRESS **612 HALLENWOOD AVE.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **AS** ☐ Delete
NAME **SMITH, LYNN H., ESQ.**
STREET ADDRESS **500 PLUM STREET, #600**
CITY-ST-ZIP **SYRACUSE, NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Mark T. Ruane

Date

5/31/07

Daytime Phone #

813 232-6200