

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000039516

1. Entity Name
F & F LEASING CORP.



Principal Place of Business

**3930 RCA BLVD
SUITE 3008
WEST PALM BEACH, FL 33410 US**

Mailing Address

**3930 RCA BLVD
SUITE 3008
WEST PALM BEACH, FL 33410 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0432658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENNINGS, MILTON S
3930 RCA BLVD
SUITE 3008
PALM BEACH GARDENS, FL 33410**

**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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000950035
05/03/08-80047-015 150.00**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | PTD |
| NAME | JENNINGS, MILTON S |
| STREET ADDRESS | 3930 RCA BLVD SUITE 3008 |
| CITY - ST - ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | VSD |
| NAME | ECKROADE, CAROLYN E |
| STREET ADDRESS | 3930 RCA BLVD SUITE 3008 |
| CITY - ST - ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

Date

561-799-8202

Daytime Phone #