

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 033 ***150.00

DOCUMENT # P93000047725

1. Entity Name
LMC LEASING, INC.



Principal Place of Business
**181 E H STREET
FROSTPROOF, FL 33843 US**

Mailing Address
**33 EAST WALL STREET
P.O. BOX 158
FROSTPROOF, FL 33843 US**

60033842



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

**21299 US Hwy 27
Lake Wales, FL
33859-6851**

**P. O. BOX 3737
Lake Wales, FL
33859-3737**

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3189324

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**WILSON, P T
33 E WALL ST
FROSTPROOF, FL 33843**

**David A. Miller
21299 US Hwy 27
Lake Wales, FL 33859-6851**

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 *David A. Miller*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/2008
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**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, P T	
STREET ADDRESS	122 MOUNTAIN LAKE ESTATES	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, PATRICIA	
STREET ADDRESS	2200 N SCENIC HWY	
CITY-ST-ZIP	BABSON PARK, FL 33827	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRADDOCK, F HOOD	
STREET ADDRESS	223 LAKE LINK RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WILSON, CLAYTON G	
STREET ADDRESS	65 MOUNTAIN LAKE ESTATES	
CITY-ST-ZIP	LAKE WALES, FL 33859	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David A. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 *862.679-6706*
Date Daytime Phone #