


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2008 90029 047 ***150.00

DOCUMENT # P94000062542 1. Entity Name BOCO EQUIPMENT LEASING, INC.																																																							
Principal Place of Business 6535 OXFORD CIRCEL #101 VERO BEACH, FL 32966			Mailing Address 6535 OXFORD CIRCEL #101 VERO BEACH, FL 32966																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State																																																					
Zip	Country	Zip	Country																																																				
4. FEI Number 65-0517353		Applied For <input type="checkbox"/> Not Applicable																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																					
6. Name and Address of Current Registered Agent Bonnie Bahl 6535 Oxford Circle #101 Vero Beach, FL 32966-7669			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																				
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)</small>																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																			
10. DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>Bonnie Bahl</td> <td>6535 Oxford Circle #101</td> <td>Vero Beach, FL 32966-7669</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		Bonnie Bahl	6535 Oxford Circle #101	Vero Beach, FL 32966-7669		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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.																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Bonnie A Bahl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> 1/29/08 <small>Date</small> </div> <div style="width: 20%; text-align: right;"> (772) 562-2006 <small>Daytime Phone #</small> </div> </div>																																																							