2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Thomas

Secretary of State DOCUMENT # P95000012549 1. Entity Name 02-28-2005 90194 047 ***158.75 SANTA FE EQUIPMENT LEASING, INC. Principal Place of Business Mailing Address 4837 NAHANÉ WAY JACKSONVILLE FL 32259 PO BOX 37251 JACKSONVILLE FL 32236 00024104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0561964 Not Applicable Zip Country Zip Country \$8,75 Additional XX 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUNCK, THOMAS D'JR Street Address (P.O. Box Number is Not Acceptable) **4837 NAHANE WAY** JACKSONVILLE FL 32259 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Defete TITLE Change ROUNTREE, JAMES J NAME NAME PO BOX 596 N/A STREET ADDRESS STREET ADDRESS EARLETON FL CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ___ Change ☐ Addition XX XX elete NAME ROUNTREE, MICHAEL D NAME 2817 NW 10 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILTON MANORS FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME RUNCK, THOMAS D JR NAME STREET ADDRESS STREET ADDRESS 4837 NAHANE WAY CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 firustee empowered to execute this region as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme SIGNATURE: _ Sec/ Treasurer 2/22/05 (904) 287-0240 AND TYPED OR PRINTED NAME OF SIGNIN

FILED

Feb 28, 2005 8:00 am