

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

|                                                                      |                                                          |                                                                                   |
|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000043177</b>                                       |                                                          |  |
| 1. Entry Name<br>AMBASSADOR LEASING, INC.                            |                                                          |                                                                                   |
| Principal Place of Business<br>1411 N. DIXIE<br>LAKE WORTH, FL 33460 | Mailing Address<br>P.O. BOX 1169<br>LAKE WORTH, FL 33460 |                                                                                   |

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FE Number:<br>65-0820654                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                         |                                       |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>RYKOWSKI, THEODORE<br>1411 N. DIXIE HWY.<br>LAKE WORTH, FL 33460 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

8. The above named entity certifies 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.

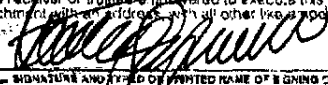
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be  
Added to Fees**

|                                                |                                                                         |                                                                                                |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |                                                                         | <p>U00000324392<br/>04/22/05-80092-014 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PSTD<br>RYKOWSKI, THEODORE<br>1411 N. DIXIE<br>LAKE WORTH, FL 33460     |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | ST<br>RYKOWSKI, MARY K<br>20790 PEBBLE CREEK CT<br>BOCA RATON, FL 33498 |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |                                                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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 a numbered.

SIGNATURE:  **THEODORE J  
RYKOWSKI** **4-19-05** **561-585-4244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone