


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000046658
1. Entity Name
R & S EQUIPMENT LEASING AND SALES, INC. OF FLORIDA



Principal Place of Business Mailing Address
24278 PRODUCTION CIRCLE **24278 PRODUCTION CIRCLE**
BONITA SPRINGS, FL 34135 **BONITA SPRINGS, FL 34135** **US** **US**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0593272 (Not Applicable)

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

6. Name and Address of Current Registered Agent
CICCARONE, MICHAEL J
1515 BROADWAY
FORT MYERS, FL 33901

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000400176
02/01/06 60042-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASHUTA, RICHARD 24278 PRODUCTION CIRCLE BONIT SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHUTA, STEVE 24278 PRODUCTION CIRCLE BONIT SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHUTA, SONIA 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASHUTA, LORIE 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Lorrie Washuta* **01-17-06** **(716) 754-8226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #