


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US	Mailing Address 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0593272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J  
 1515 BROADWAY  
 FORT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2007 Fee will be \$550.00**

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

000000617804  
 02/08/07-80003-022 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_