

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

03-24-2005 90035 042 ***150.00
P95000081379

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081379	
1. Entity Name D & S CAMSHAFT CORPORATION <i>Name Change</i> <i>D & S Leasing Corporation</i>	



Principal Place of Business
P.O. BOX 936
EDGEWATER, FL 32132

Mailing Address
P.O. BOX 936
EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3337785	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

~~LOVE, WILLIAM D~~ *1751 Airpark Rd*
~~43582 AIRPARK ROAD~~ *P.O. Box 936*
~~EDGEWATER, FL 32132~~ *Edgewater FL 32132*

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, WILLIAM D 1751 AIRPARK RD. EDGEWATER, FL 32132
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IN THIS SPACE**

3/24/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *W. David*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05
Date Daytime Phone #