2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P96000060567** 05-03-2004 90401 017 ***150 00 1. Entity Name JMB EQUIPMENT LEASING, INC. Principal Place of Business Mailing Address 3995 HIGHWAY #60 EAST 3995 HIGHWAY #60 EAST 94078171 MULBERRY, FL 33860 MULBERRY, FL 33860 2. Principal Place of Business 3. Mailing Address 6715 Poley Creek Or. W Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For LAKELAND 52-1986949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULGER, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3995 HIGHWAY #60 EAST MULBERRY, FL 33860 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition BULGER, J. MICHAEL NAME NAME STREET ADDRESS 3995 HIGHWAY #60 EAST STREET ADDRESS MULBERRY, FL. 33860 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE IIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or susplemental 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 of 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 attact furnit with an address, with all other like empowered. changed, or on an attach SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED