2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082672

FILED Feb 20, 2004 Secretary of State

Entity Name: MANOR LEASING, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
3710 14TH VERO BEA	STREET CH, FL 329	60						
Current Mailing Address:				New Mailing Address:				
3710 14TH VERO BEA	STREET CH, FL 329	60						
FEI Number: 59-3441169 FEI Number Applied For () F			FEI Nun	nber Not Appl	licable ()	Certificate of Status D	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FUNNELL, SCOTT R 1251 BARBER STREET SEBASTIAN, FL 32958 US				FUNNELL, SCOTT R 1562 EAGLES CR. SEBASTIAN, FL 32958 US				
The above in the State		submits this statement for	the purpose o	f changing i	ts registered of	ffice or registered ag	gent, or both,	
SIGNATURE:					02/20/2004			
		onic Signature of Registered	Agent			Date		
Election Cam	paign Financi	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD (RENO, THOM 1340 POITRA VERO BEACH	S DR		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VPD (FUNNELL, SO 1251 BARBEI SEBASTAIN,	R STEET		Title: Name: Address: City-St-Zip:	VPD (X) FUNNELL, SCO 1562 EAGLES O SEBASTAIN, FL	CR		
Title: Name: Address: City-St-Zip:	STD (FUNNELL, RG 4685 69TH S' VERO BEACH	Т.		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address:	AST (ST. PIERRE, 1940 SAND D			Title: Name: Address:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS M RENO P 02/20/2004

VERO BEACH, FL 32963

City-St-Zip: