

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000103420 1. Entity Name TIERRA VERDE LEASING, INC.	
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Principal Place of Business 5501 W. GRAY ST. TAMPA, FL 33609	Mailing Address P.O. BOX 20301 TAMPA, FL 33622
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423360	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, TIM 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000

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 _____

**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	P MCNICHOLS, EUGENE H 964 MONTE CRISTO BLVD TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOETSCHUIS, HERBERT T 4117 SALTWATER BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JONES, LARRY F 2930 TAMBAY TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000221487 02/09/05-80035-013 150.00 DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

Daytime Phone #