

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 A
Secretary of State

DOCUMENT # P97000033320

1. Entity Name
LEASEPLAN FLORIDA, INC.



Principal Place of Business
**6370 N.US #1
MELBOURNE, FL 32940**

Mailing Address
**P.O.BOX 410549
MELBOURNE, FL 32941**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3469311	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAGE, JO ANNE
6370 N HWY US #1
MELBOURNE, FL 32940**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PAGE, JO ANNE 100 VANDOLAH LN MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS PAGE, THOMAS R 100 VANDOLAH LN MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000688320
04/10/07-80075-013 158.75

**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

Joanne Page Pres. **3/27/07** **(321) 752-7185**
Date Daytime Phone #