

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 018 ***550.00

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1. Entity Name
NICORE EQUIPMENT & LEASING, INC.



Principal Place of Business

4897 W WATERS AVE
STE J
TAMPA, FL 33634

Mailing Address

4897 W WATERS AVE
STE J
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3464890

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLEY, BILL V
4897 W WATERS AVE
STE J
TAMPA, FL 33634

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 SMITH, TREVOR G 4897 W. WATERS AVE #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, STEPHEN R 4897 W. WATERS AVE #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, GARRETT R 4897 W. WATERS AVE #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLEY, BILL V 4897 W. WATERS AVE #J TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN SAMORAJCZYK 4897 W. WATERS AVE #J, ST. J. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Bill V. Wooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 2006 727-460-1907
Date Daytime Phone #