2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 08:00 All Secretary of State

ANNUAL REPORT					Mar 22, 2006 08:00			
1. Entity Nan	OCUMENT # P97000094433 Entity Name RECAST LEASING COMPANY				Se	ecretary	of Stat	
13365 SOU	Place of Business Mailing Address SOUTHERN PRECAST DRIVE 13365 SOUTHERN PRECAST I A, FL 32615 ALACHUA, FL 32615		RIVE					
С	OO NOT WRITE	CE	O3172006 No Chg-P CR2E034 (11/05) Applied For S9-3475572 Not Applicable S. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LINDSAY, ROLAND C JR 13365 SOUTHERN PRECAST DRIVE ALACHUA, FL 32615					NOT W			
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 pmiled name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND D	<u> </u>	~ ++	.00 May Be led to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD LINDSAY, ROLAND JR. 13365 SOUTHERN PRECAST DR ALACHUA, FL 32615 VD LINDSAY, ROLAND C 6090 AKRON AVE CANAL FULTON, OH	IVE			U00000 04/06/ 0 6-	476501 80013-003	150.00	
TO NAME LINDSAY, LINDA L STREET ADDRESS CITY-ST-ZIP CANAL FULTON, OH TITLE VD NAME STREET ADDRESS 4944 RONDALE CIR NW CITY-ST-ZIP MASSILLON, OH				DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					·			

12. Thereby certify that the information supplied with this filling 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 tunes employered 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 of the application of the receiver of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the exemptions.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

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