. 2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Mar 20, 2006 08:00 AM DOCUMENT # P97000106534 **Secretary of State** 1. Entity Name GULF STATES AUTO LEASING OF FLORIDA, INC. Principal Place of Business Mailing Address 16101 S TAMIAMI TRAIL 16101 S TAMIAMI TRAIL FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US No Chg-P 01052006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0807014 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KOEHLER, FRANK J DO NOT WRITE 16101 S. TAMIAMI TRAIL FORT MYERS, FL 33908

IN THIS SPACE

Applied For

Not Applicat

\$8.75 Additional

Fee Required

1 In a above named entity submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida. 1 am familiar with, and achieve the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when retristating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			oing [\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D KOEHLER, FRANK J 16101 S TAMIAMI TRAIL FORT MYERS, FL 33900				
TITLE NAME STREET ADDRESS CITY-ST-2IP	D KOEHLER, BARBARA S 16101 S TAMIAMI TRAIL FORT MYERS, FL 33908				1100000477545 03/30/06-30002-007 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE WAME STREET ADDRESS					

12. It hereby certify that the information supplied with this filing does not quality 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: