2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000109169

1. Entity Name
FLORIDA INTERMODAL LEASING, INC.

Principal Place of Business
137 S. BEACH DR
SAINT AUGUSTINE, FL 32084

Mailing Address
137 S. BEACH DR
SAINT AUGUSTINE, FL 32084

01112007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0906817
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, TERRY J
1521 S.W. LEJEUNE RD.
CORAL GABLES, FL 33134

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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	AS
NAME	FORMSN, TERRY J
STREET ADDRESS	1501 S.W. LEJEUNE RD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVST
NAME	PATTERSON, SUSAN
STREET ADDRESS	137 SOUTH BEACH DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	PD
NAME	PATTERSON, SUSAN
STREET ADDRESS	137 SOUTH BEACH DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #