


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000003403
 1. Entity Name
 RCF LEASING, INC.



Principal Place of Business
 957 SW 71 AVENUE
 NORTH LAUDERDALE, FL 33068

Mailing Address
 957 SW 71 AVENUE
 NORTH LAUDERDALE, FL 33068



01272006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 65-0815682

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WITTENMYER, H.K.
 975 SW 71 AVE.
 NORTH LAUDERDALE, FL 33068

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000427111
 02/20/06-80068-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WITTENMGER, HK
STREET ADDRESS	11195 NW 15TH STREET
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	VD
NAME	BROOKINS, BRIAN
STREET ADDRESS	2460 NW 108 DR.
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	VTD
NAME	SITTON, ROBERT
STREET ADDRESS	105 NW TERRACE
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
TITLE	SD
NAME	KING, NANCY
STREET ADDRESS	10310 NW 42 DR
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
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 other like empowered.

SIGNATURE: H.K. Wittenmyer H.K. Wittenmyer 1/27/06 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #