## Apr 19, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P98000012123 04-19-2004 90693 001 \*\*\*300.00 1. Entity Name J.D. TROLLEY LEASING CO., INC. Principal Place of Business Mailing Address 998 S MILITARY TRAIL 998 S MILITARY TRAIL 66412792 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0811138 - -Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JOSEPH D SR 4500 NW 12TH AVE. POMPANO BEACH, FL 33064 Zip Code Corpora Corpora <u>33073</u> 8. The above named entity subprits 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. SIGNATUR ed when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition PEREZ, JOSEPH D SR NAME NAME 5326 Flamingo Court STREET ADDRESS 4500 NW 13TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-7IP TITLE PS Delete TITLE ☐ Change ☐ Addition NAME PEREZ, JOSEPH D JR NAME STREET ADDRESS 4771 NW 13TH AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-7IP VT Delete TITLE TITLE 2 Change ☐ Addition NAME PEREZ DARCY 4500 NW 12th Drive 8804 SW 11TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 gher like empowered.

CITY-ST-ZIP

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