


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000012123 1. Entity Name J.D. TROLLEY LEASING CO., INC.		
Principal Place of Business 998 S MILITARY TRAIL DEERFIELD BEACH, FL 33442	Mailing Address 998 S MILITARY TRAIL DEERFIELD BEACH, FL 33442	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PEREZ, JOSEPH D SR 5326 FLAMINGO CT. COCONUT CREEK, FL 33073		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSEPH D SR 5326 FLAMINGO CT. COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PEREZ, JOSEPH D JR 4771 NW 13TH AVE. POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PEREZ, DARCY 4500 NW 12TH DR. POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>L. Darcyl Perez Darcyl Perez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/10/06</u> <u>954-429-3100</u> <small>Date Daytime Phone #</small>



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0811138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000539014
05/09/06-80083-019 150.00

**DO NOT WRITE
IN THIS SPACE**