

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096980

FILED  
Feb 02, 2012  
Secretary of State

Entity Name: LEMRA LEASING, INC.

**Current Principal Place of Business:**

3446 S.W. ARMELLINI AVE.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 678  
PALM CITY, FL 34991

**New Mailing Address:**

FEI Number: 65-0876668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICHOLASON, JOHN J  
3446 S.W. ARMELLINI AVE.  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARMELLINI, RICHARD  
Address: 3446 SW ARMELLINI AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: STD  
Name: NICHOLASON, JOHN J  
Address: 3446 SW ARMELLINI AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: ARMELLINI, DAVID  
Address: 3446 SW ARMELLINI AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: DUSHARM, JUDITH R  
Address: 3446 SW ARMELLINI AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: ARMELLINI, STEPHEN  
Address: 3446 SW ARMELLINI AVENUE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J. NICHOLASON

STD

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date