


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000105963</b> 1. Entity Name CIRCLE R LEASING, INC.	
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Principal Place of Business 15880 SUMERLIN RD. 300 UNIT 130 FT MYERS, FL 33908	Mailing Address 15880 SUMERLIN RD. 300 UNIT 130 FT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0884096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROAKE, JAMES H III 15880 SUMERLIN RD # 300 UNIT 130 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEE, ROBERT J 518 HEMPSTEAD TPKE, PO BOX 483 WEST HEMPSTEAD, NY 11552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000134544  
04/28/04-80023-023 150.00

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IN THIS SPACE**

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 other like empowered.

SIGNATURE: (V.P.) Robert J. Lee ROBERT J. LEE 4-23-04 516-481-1756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #