

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000009753

1. Entity Name
A-1 EQUIPMENT SALES & LEASING, INC.



Principal Place of Business
4297 DILLON STREET
JACKSONVILLE, FL 32254

Mailing Address
P.O. BOX 60457
JACKSONVILLE, FL 32236



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PLEIMAN, THOMAS C JR
9471 BAYMEADOWS RD
SUITE 308
JACKSONVILLE, FL 32256

**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

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, 2008 Fee will be \$550.00

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

000000975230
04/11/08-80025-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUNCAN, DAN
STREET ADDRESS	4853 WHITE BLUFF DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	PST
NAME	DUNCAN, DAN
STREET ADDRESS	4853 WHITE BLUFF DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32225

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Daniel P. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08
Date

904 388 1273
Daytime Phone #