2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 27, 2006 08:00 AM DOCUMENT # P99000069996 **Secretary of State** 1. Entity Name LEASING CONSULTANTS, INC. Principal Place of Business Mailing Address 4700 RIVERVIEW BLVD BRADENTON FL 34209 4700 RIVERVIEW BLVD **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied F City & State 4. FEI Number City & State 65-0940003 Not Applic Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LAMBRECHT, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. SARASOTA FL 34235 Zip Code 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 acthe obligations of registered agent. Signature, typed or prested name of registered agent and like it applicable (Quitatenet herw berrupa suntanua Registeret Agent suntanua) DATE 9. Election Campaign Financing \$5.00 Mar Trust Fund Contribution. Make Check Payable to Florida Department of State CHECERS AND DIRECTORS ADDITIONS/CHANGES TO UFFICERS AND DIRECTORS IN 11 to. TITLE ☐ Change ☐ M TITLE Defete DAME NAME BUSHONG, GEORGE U000004<u>0576</u>1 STREET ADORESS STREET ADDRESS 4700 RIVERVIEW BLVD 02/07/06-80055-002 150.00 CITY-SI-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change ☐ M Delete TITLE TITLE NAME PEEL, SARAH MANE STREET ADDRESS STREET ADDRESS 4700 RIVERVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete THEE ☐ Change $\square M$ title STREET AUDRESS STREET ADURESS City-SI-72 CITY-SI-ZP Delete TITLE Change DIE NAME STREET ADDRESS STREET ADURESS CITY-SI-ZIP CITY-S1-ZIP Change **3**** TITLE ☐ Detete 15116 MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes it further certify that the information 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 directly that 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

FILED

GEORGE BOSHONG 1-23-06 941-5453