2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P99000100183 1 Entity Name CAMP KEIAS LEASING, INC. Principal Place of Business Mailing Address P.O. BOX 770776 WINTER GARDEN FL 34777-0776 P.O. BOX 770776 WINTER GARDEN FL 34777-0776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-3608775 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBINO, NICHOLAS J ESQ 159 LOOKOUT PLACE, STE. 101 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 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 accept the obligations of registered agent. Signature Signature type dioxiprinted name of registered agent and titls if applicable (NOTE: Registered Agent signature (equired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Tible DPST ☐ Delete MILE ☐ Change Addition FISCHER, EVERETTE U00000253026 STREET ADDRESS P.O. BOX 770776 STREET ADDRESS 03/07/05-80016-013 150.00 City Si-7/P WINTER GARDEN FL 34777-0776 C:TY-ST ZIP TITLE ☐ Delete Ma Change Addition FISCHER, KENNETH NAME NAME STREET ADDRESS P.O. BOX 770776 DIRECT ADDRESS CHY-ST ZP WINTER GARDEN FL 34777-0776 CITY - ST - ZIE THILE Delete HILLE □ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-SI-ZP TETLE ☐ Delete MLÉ ☐ Change ☐ Addition NAME NAME STREET ANDRESS STREET ADORESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City St ZiP CHY-ST-ZIP THEFE ☐ Delete HILE Change noillbbA 🔲 NAME NAME STREET ADDRESS STHEFT ADDRESS CITY ST-ZIP UTY ST-ZP 12. I hereby certify that the information supplied with this filing does not adality 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.

3-4-05

**FILED**