


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000108135
 1. Entity Name
GMRI LEASING, INC.



Principal Place of Business Mailing Address
5900 LAKE ELLENOR DR **5900 LAKE ELLENOR DR**
ORLANDO, FL 32809 **ORLANDO, FL 32809**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
36-4336393 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIGAN, PATRICK
STREET ADDRESS	6100 LAKE ELLENOR DR
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	SHIVES, PAULA J
STREET ADDRESS	5900 LAKE ELLENOR DR.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	S
NAME	WENTZ, DOUGLAS E
STREET ADDRESS	5900 LAKE ELLENOR DR
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	T
NAME	WHITE, WILLIAM R III
STREET ADDRESS	6100 LAKE ELLENOR DRIVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	AT
NAME	WALKER, ANTHONY
STREET ADDRESS	6100 LAKE ELLENOR DR
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/24/05-80191-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1/19/05 407-285-5342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #