

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15299

Entity Name: JOHN-WAYNE LEASING, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

450 COX RD
SUITE B
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 236726
COCOA, FL 329236726 US

New Mailing Address:

FEI Number: 59-3039052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, JOHN A.
450 COX RD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

ROBINSON, JOHN A.
450 COX RD
B
COCOA, FL 32926 US

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.

SIGNATURE: JOHN A. ROBINSON

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, JOHN A.,
Address: 460 SNUG HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: MANN, S. WAYNE,
Address: 2745 TURTLEMOUND RD
City-St-Zip: MELBOURNE, FL

Title: S () Delete
Name: MANN, MARILYN H.,
Address: 2745 TURTLEMOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: ROBINSON, ROBERTA M.,
Address: 460 SNUG HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTTA M. ROBINSON

TREA

04/18/2005

Electronic Signature of Signing Officer or Director

Date