

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S65042	
1. Entity Name NATIONAL SALES & LEASING, INC.	

Principal Place of Business 1020 US HWY. 92 W. AUBURNDALE, FL 33823 US	Mailing Address PO BOX 187 HAINES CITY, FL 33845-0187 US
--	--

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3078658	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844	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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SULLIVAN, MICHAEL F. 9550 W LAKE MARION RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SULLIVAN, ERIN L. 9550 W LAKE MARION RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000847783
03/19/08-80033-010 150.00

**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: *Erin Sullivan* **ERIN SULLIVAN** **3/1/08** **843-967-4332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #