2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 14, 2008
Secretary of State

DOCUMENT# S65042

Entity Name: NATIONAL SALES & LEASING, INC.

Current Principal Place of Business:

1020 US HWY. 92 W.
AUBURNDALE, FL 33823 US

New Principal Place of Business:

1890 US HWY 17-92
BLDG. 2 UNIT 10
LAKE ALFRED, FL 33850 US

Current Mailing Address:

PO BOX 187
HAINES CITY, FL 338450187 US

New Mailing Address:

FEI Number: 59-3078658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, MICHAEL F.
9550 W LAKE MARION RD
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

SULLIVAN, MICHAEL F PD
9550 W LAKE MARION RD
HAINES CITY, FL 33844 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: MICHAEL F. SULLIVAN 11/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: SULLIVAN, MICHAEL F.,
Address: 9550 W LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

Title: ST ( ) Delete
Name: SULLIVAN, MICHAEL F.,
Address: 9550 W LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

Title: ST (X) Delete
Name: SULLIVAN, ERIN L.,
Address: 9550 W LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SULLIVAN, MICHAEL F PD
Address: 9550 W LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

Title: ST (X) Change ( ) Addition
Name: SULLIVAN, ERIN L ST
Address: 9550 W LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL F. SULLIVAN PD 11/14/2008
Electronic Signature of Signing Officer or Director Date