
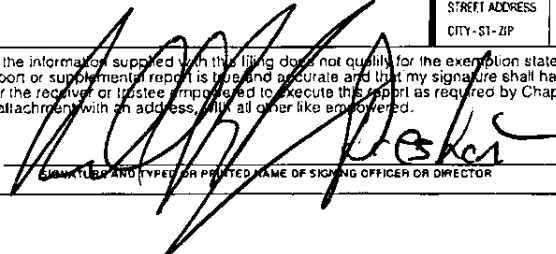


Apr 30 04 02:35p

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90702 010 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

S85181			
D & W EQUIPMENT LEASING, INC.			
631 NE 34TH STREET POMPANO BEACH, FL 33064		3450 NE 6TH TERRACE POMPANO BEACH, FL 33064	
			
		04302004 Chg-P CR2E034 (10/03)	
		65-0398426	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
BUEROSSE, WILLIAM B., SR. 3450 N.E. 6 TH TERRACE POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUEROSSE, WILLIAM B., SR. 3450 N.E. 6TH TERRACE POMPANO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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, title, all other like empowered.			
SIGNATURE: 		Date: <u>11-30-04</u> 