## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # V19980** 1. Entity Name 02-12-2004 90011 020 \*\*\*150.00 AUTO TRANSPORT LEASING, INC. Principal Place of Business Mailing Address 880 C. MAGUIRE ROAD P.O. BOX 91 44010881 **OCOEE FL 34761** ORLANDO FL 34761 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3107404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEUNIER, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 2536 WOODHAVEN COURT ORLANDO FL 32818 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TS Addition TITLE Delete TITLE Change Tom Meur ... MEUNIER, THOMAS R NAME NAME 13502 Lake Cawood Dr. 2536 WOODHAVEN COURT STREET ADDRESS STREET ADDRESS Windermere, Ft. 34186 ORLANDO FL CITY-ST-ZIP CITY-ST-7IP Change P TITLE ☐ Delete TITLE Addition MEUNIER, JAN NAME NAME Jan Meunisc 2536 WOODHAVEN COURT STREET ADDRESS STREET ADDRESS 13502 Lake Cawood Dr. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Windermery F1. 34186 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED