

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # V25331 •

1. Entity Name
SELECTIVE LEASING CORPORATION



Principal Place of Business
36847 HARRIS ROAD
TAVARES, FL 32778 US

Mailing Address
206 N 3RD STREET
LEESBURG, FL 34748 US



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALKER, LYNN
31845 HARRIS RD
LEESBURG, FL 34788

**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 *[Signature]*
Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when rehashing)

3-11-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000262832
03/14/05-80063-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, LYNN M
STREET ADDRESS	31847 HARRIS RD
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	SD
NAME	WALKER, EDNA M
STREET ADDRESS	31847 HARRIS RD
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05
DATE

Daytime Phone #