

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # V63412

1. Entity Name
AMERICAN PROFESSIONAL LEASING, INC.



Principal Place of Business
**27080 HICKORY BLVD.
BONITA SPRINGS, FL 33959**

Mailing Address
**800 GALLIA STREET
SUITE 803
PORTSMOUTH, OH 45662**



06122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1360857

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWYER, JOHN C
27080 HICKORY BLVD.
BONITA SPRINGS, FL 33959**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000766504
06/20/07-80004-008 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAWYER, JOHN C.
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

TITLE VD
NAME LAWYER, TODD M.
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

TITLE SD
NAME LAWYER, RUTH A.
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

TITLE D
NAME J. DIRK LAWYER
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

TITLE VD
NAME LAWYER, BEAU S
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

TITLE D
NAME LAWYER, BRETT M
STREET ADDRESS 800 GALLIA ST, SUITE 803
CITY-ST-ZIP PORTSMOUTH, OH 45662

**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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John C. Lawyer President 6/14/07