

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000016834

1. Entity Name  
KK LEASING CORPORATION



Principal Place of Business  
10201 N. HAGUE ROAD  
INDIANAPOLIS, IN 46256

Mailing Address  
10201 N. HAGUE ROAD  
INDIANAPOLIS, IN 46256

**DO NOT WRITE IN THIS SPACE**



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2101099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEINERS, LOUIS M JR.  
2598 L'ERMITAGE LANE  
NAPLES, FL 34105

**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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	P KELSO, WILLIAM R 10201 N. HAGUE ROAD INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000170220  
08/16/04-80006-013 150.00

**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 19.07(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: W R Kelso W R Kelso  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04 317-645-5854  
Date Daytime Phone #