


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 012 ***150.00

DOCUMENT # V56540			
1. Entity Name WEST CENTRAL FLORIDA LEASING CO., INC.			
Principal Place of Business 16170 AVIATION LOOP DRIVE BROOKSVILLE, FL 34609		Mailing Address P.O. BOX 20 BROOKSVILLE, FL 34601 US	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 15609</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>BROOKSVILLE, FL</i>	
Zip	Country	Zip <i>34604</i>	Country <i>HERNANDO</i>
6. Name and Address of Current Registered Agent		4. FEI Number 59-3140238	
KURPPE, GEORGE 1242 LANSING DR. SPRINGHILL, FL 34608		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		02262005 Chg-P CR2E034 (10/03)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KURPPE, GEORGE 1242 LANSING DR. SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.			
SIGNATURE: <i>George Kurppe Pres</i>		Date: <i>3/1/05</i> Daytime Phone #: <i>(352) 799-6301</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	