


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P17955
 1. Entity Name
COURTESY LEASING, INC



Principal Place of Business
4141 WALL STREET
MONTGOMERY, AL 36106 US

Mailing Address
P O BOX 4308
MONTGOMERY, AL 36103-4308 US



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0545936 Applied For
 Not Applicable

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

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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 filing.)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAND, THOMAS F. 4141 WALL ST MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, B. NEAL 4141 WALL STREET MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKER, A.M. 4141 WALL ST MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, H.P. 4141 WALL STREET MONTGOMERY, AL
TITLE NAME STREET ADDRESS 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: *A.M. Parker* *A.M. Parker* *4/6/05* *334-244-1000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #