


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90389 026 ***150.00

DOCUMENT # F42390
 1. Entity Name
SJL LEASING, INC.




Principal Place of Business Mailing Address
921 DOUGLAS AVE **921 DOUGLAS AVE**
SUITE 200 **SUITE 200**
ALTAMONTE SPRINGS, FL 32714 US **ALTAMONTE SPRINGS, FL 32714 US**

2. Principal Place of Business 3. Mailing Address
1180 Spring Centre S. Blvd. *1180 Spring centre S.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 102 *Suite 102*

City & State City & State
Altamonte Springs, FL *Altamonte Springs, FL*

Zip Country Zip Country
32714 *U.S.A.* *32714* *U.S.A.*

400-

 01032006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2136295 Not Applicable

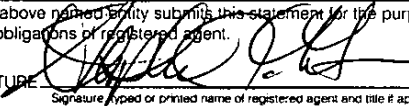
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LAFRENIERE, STEPHEN
~~**921 DOUGLAS AVE**~~ *1180 Spring Centre South Blvd. Suite 102*
~~**200-**~~
ALTAMONTE SPRINGS, FL 32714

Name
 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.

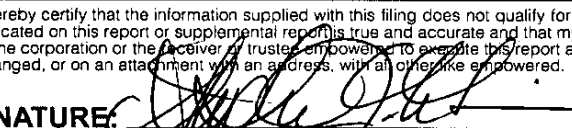
SIGNATURE:  **Stephen J. LaFreniere** **4/19/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete LAFRENIERE, DEBORAH ANN C 921 DOUGLAS AVE #200 <i>1180 Spring Centre So. Blvd Suite 102</i> ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete LAFRENIERE, STEPHEN <i>1180 Spring Centre So Blvd Suite 102</i> 921 DOUGLAS AVE #200 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 reports 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:  **Stephen J. LaFreniere** **4/19/06 (407) 786-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #