
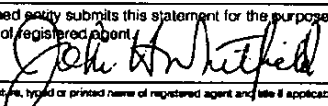
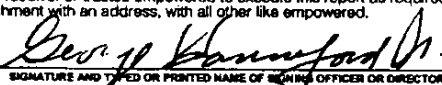


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-05-2008 90265 050 ***150.00

DOCUMENT # P07000011445					
1. Entity Name VICTORIA LEASING COMPANY, INC.					
Principal Place of Business 4550 VERNA BETHANY ROAD MYAKKA, FL 34251 US			Mailing Address 4550 VERNA BETHANY ROAD MYAKKA, FL 34251 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFL Number 33-1158503	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EWELL, WILLIAM L JR. 1350 PALMWOOD DRIVE SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name: JOHN H. WHITFIELD Street Address (P.O. Box Number is Not Acceptable): 4550 VERNA BETHANY RD City: MYAKKA CITY State: FL Zip Code: 34251	
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:  JOHN H. WHITFIELD 4/12/08 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNEFORD, VICTORIA M		NAME		
STREET ADDRESS	4550 VERNA BETHANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP		
TITLE	D-VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNEFORD, GEORGE JR.		NAME		
STREET ADDRESS	4550 VERNA BETHANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDEN, CATHERINE H		NAME		
STREET ADDRESS	4550 VERNA BETHANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNEFORD, GEORGE III		NAME		
STREET ADDRESS	4550 VERNA BETHANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITFIELD, JOHN H		NAME		
STREET ADDRESS	4550 VERNA BETHANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MYAKKA, FL 34251		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: 		4/22/08		954-86-7191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66014004



04122008 Chg-P CR2E034 (12/08)