

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G30896

1. Entity Name  
AMERICANA SERVICES & LEASING CORPORATION



Principal Place of Business  
2032 51ST STREET S  
TAMPA, FL 33619 US

Mailing Address  
PO BOX 75244  
TAMPA, FL 33675-5244



05162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2281587

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LABARBERA, MICHAEL D  
1907 WEST KENNEDY BLVD  
SUITE B  
TAMPA, FL 33606

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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	DPV
NAME	MURPHY, JAMES J.
STREET ADDRESS	2032 51ST STREET S
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	DST
NAME	MURPHY, LINDA
STREET ADDRESS	2032 51ST STREET S
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	AS
NAME	LABARBERA, MICHAEL D
STREET ADDRESS	1907 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
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)(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: Michael D. Labarbera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Labarbera 5-14-05 813-251-1940

Date

Daytime Phone #