

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90228 050 ***150.00

60001701



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2602516	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # H85495
1. Entity Name
WALPOLE LEASING CORPORATION



Principal Place of Business P O BOX 1177 OKEECHOBEE, FL 34972	Mailing Address P O BOX 1177 OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALPOLE, KEITH A
269 N W 9TH STREET
SUITE 200E
OKEECHOBEE, FL 34972

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALPOLE, E.E.,IV 1100 PINELLAS BAYWAY APT. L2 TIERRE VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALPOLE, E. E. III 269 NW 9TH ST OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALPOLE, KEITH A. 269 NW 9TH ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Edwin E. Walpole III* **1-9-06** **863-763-5593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Edwin E. Walpole III