

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85495

FILED  
Jan 29, 2010  
Secretary of State

**Entity Name:** WALPOLE LEASING CORPORATION

**Current Principal Place of Business:**

269 NW 9TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1177  
OKEECHOBEE, FL 34973

**New Mailing Address:**

FEI Number: 59-2602516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALPOLE, E.E.,IV  
Address: 1100 PINELLAS BAYWAY APT. L2  
City-St-Zip: TIERRE VERDE, FL 33715

Title: VD  
Name: WALPOLE, E. E. III  
Address: 269 NW 9TH ST  
City-St-Zip: OKEECHOBEE, FL

Title: STD  
Name: WALPOLE, KEITH A.  
Address: 269 NW 9TH ST  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN E WALPOLE III

VP

01/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date