

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J88902

1. Entity Name
SACRAMENTO LEASING, INC.



Principal Place of Business
**9317 SACRAMENTO DR
NEW PT. RICHEY, FL 34655**

Mailing Address
**9317 SACRAMENTO DR
NEW PT. RICHEY, FL 34655**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2845103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLS, ROGER O.
304 S ALBANY
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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS
NAME COLLOTTA, GARY WILLIAM
STREET ADDRESS 9317 SACRAMENTO DR
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE V
NAME COLLOTTA, SHARON A.
STREET ADDRESS 9317 SACRAMENTO DR
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE T
NAME MANTIONE, SUSAN K.
STREET ADDRESS 4917 PRINCE GEORGE CIR
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000079195
03/03/04-80057-003 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary ColloTTA Pres. **GARY COLLOTTA** 3-3-04 727-376-5965