


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90088 044 \*\*\*158.75

<b>DOCUMENT # L78869</b> 1. Entity Name LEASEVISION, INC.																																																														
Principal Place of Business 100 S. ASHLEY DRIVE SUITE 2100 TAMPA, FL 33602 US			Mailing Address 100 S. ASHLEY DRIVE SUITE 2100 TAMPA, FL 33602 US																																																											
2. Principal Place of Business 201 NORTH FRANKLIN STREET Suite, Apt. #, etc. SUITE 3405 City & State TAMPA FLORIDA Zip 33602 Country USA		3. Mailing Address 201 NORTH FRANKLIN STREET Suite, Apt. #, etc. SUITE 3405 City & State TAMPA FLORIDA Zip 33602 Country USA																																																												
4. FEI Number 59-3012234				Applied For Not Applicable																																																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																										
6. Name and Address of Current Registered Agent BAVOL, WALTER J JR 7852 SADDLE CREEK TRAIL SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																											
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: <u>WALTER J BAVOL JR</u> <u>Shelly Brock Purdy</u> <u>3-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reissuing) DATE</small>																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>BAVOL JR, WALTER</td> <td>7852 SADDLE CREEK TRAIL</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SARASOTA, FL 34241</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP	BAVOL JR, WALTER	7852 SADDLE CREEK TRAIL					SARASOTA, FL 34241		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																				
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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: <u>WALTER J BAVOL JR</u> <u>Shelly Brock Purdy</u> <u>3-17-05</u> <u>221-6000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																														