2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M73790

1. Entity Name
WASHCO LEASING, INC.

Principal Place of Business	Mailing Address
3939 PALM BEACH BLVD. FT. MYERS, FL 33916-0729	3939 PALM BEACH BLVD. FT. MYERS, FL 33916-0729

DO NOT WRITE IN THIS SPACE

03102006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0035388	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
2301 INDEPENDENT SQ.
ONE INDEPENDENT DR.
JACKSONVILLE, FL 32202

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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, 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	D
NAME	MITCHELL, CRAIG C.
STREET ADDRESS	3939 PALM BEACH BLVD.
CITY-ST-ZIP	FT. MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

U00000472072
03/29/06-80021-019 150.00

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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: _____   March 10, 2006 239-694-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Craig C. Mitchell, President