

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85129

Entity Name: SAGITTARIUS LEASING, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

1021 ROYAL PASS RD  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

1021 ROYAL PASS RD  
TAMPA, FL 33602 US

## New Mailing Address:

FEI Number: 59-2899029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MABIE, LEFFERTS L  
1021 ROYAL PASS RD  
TAMPA, FL 33602 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: DP ( ) Delete  
Name: MABIE, LEFFERTS L., III  
Address: 1021 ROYAL PASS RD  
City-St-Zip: TAMPA, FL 33602 US

Title: DVP ( ) Delete  
Name: ROCHE, JOHN  
Address: 2470 AIRPORT BLVD.  
City-St-Zip: PENSACOLA, FL 32504

Title: DS ( ) Delete  
Name: EVANOFF, RITA  
Address: 1021 ROYAL PASS RD  
City-St-Zip: TAMPA, FL 33602 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEFFERTS L. MABIE, III

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date