

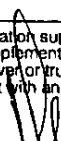


DOCUMENT # P00000083096			
1. Entity Name BARQUIP LEASING, INC.			
Principal Place of Business C NORTH FORT MYERS, FL 33917		Mailing Address 7317 SEAN LANE NORTH FORT MYERS, FL 33917	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SAVAGE, PATRICK J 7317 SEAN LANE NORTH FORT MYERS, FL 33917		Name L. A. LANG	
		Street Address 7317	
		City NORTH	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required) Signature, typed or printed name of registered agent and title if applicable.			
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"/> \$0 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUAGE, JAMES P 1110 PINE ISLAND ROAD, UNIT 5 CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P L A N G 7 3 1 7 N O R T H		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  RONALD R. LANG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			