

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000032479**

1. Entity Name  
**LEASON MANAGEMENT CO., INC.**



Principal Place of Business  
**1535 SE 17TH STREET  
STE B206  
FT. LAUDERDALE, FL 33316**

Mailing Address  
**1535 SE 17TH STREET  
STE B206  
FT. LAUDERDALE, FL 33316**



03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3628020**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FEINERMAN, STANLEY S  
1535 SE 17TH STREET STE B206  
FT. LAUDERDALE, FL 33316**

**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 signatures required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEASON, MICHAEL  
120 CANDELERO DRIVE  
PALMAS DEL MAR HUMACAO, PR 00792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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000000681105  
04/04/07-80029-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Michael Leason* **MICHAEL LEASON**

**3-16-07**

**787 890 0026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #