# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2006**
**Secretary of State**

DOCUMENT# P03000067883

**Entity Name:** MR. LEASE, INC.

**Current Principal Place of Business:**

11923 SR 574
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

11923 SR 574
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number: 20-0052796** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASAGRANDE, MICHAEL
11923 SR 574
SEFFNER, FL 33584 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: D ( ) Delete
Name: CASAGRANDE, PIERRE
Address: 118 PHILLIPS RD
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: CASAGRANDE, MICHAEL
Address: 2803 FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: CASAGRANDE, JOSETTE
Address: 118 PHILLIPS RD
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: DE LA FUENTE, ANNE
Address: 4022 LAKE DRIVE
City-St-Zip: SEFFNER, FL 33584

**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:

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 Chapter 119, 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: MICHAEL CASAGRANDE D 04/19/2006

Electronic Signature of Signing Officer or Director Date