


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000065021		
1. Entity Name LEND - LEASING CO., INC.		
Principal Place of Business 125 COLONIAL STREET SE PORT CHARLOTTE, FL 33952	Mailing Address 125 COLONIAL STREET SE PORT CHARLOTTE, FL 33952	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRINCIPATO, MARIANNE 1225 TAMiami TRAIL UNIT B-16 PORT CHARLOTTE, FL 33952		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 <u><i>Marianne Principato</i></u> (NOTE: Registered Agent signature required when renating) Signature, typed or printed name of registered agent and title, if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCIPATO, MARIANNE 125 COLONIAL ST SE PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRINCIPATO, PAUL R 125 COLONIAL ST SE PORT CHARLOTTE, FL 33952	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Paul Principato VP</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/8/08</u> Daytime Phone # <u>941-764-1893</u>



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0519602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000581805
01/11/07-80007-007 150.00

**DO NOT WRITE
IN THIS SPACE**