


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000075029</b> 1. Entity Name ISLAND PARK LEASING CORP.	
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Principal Place of Business 16387 SOUTH TAMiami TRAIL FORT MYERS, FL 33908	Mailing Address PO BOX 745 ESTERO, FL 33928-0745
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04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0703934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LISZEWSKI, LEONARD L ESQ. 2110 CLEVELAND AVENUE FORT MYERS, FL 33901
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**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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P WRIGHT, JOSEPH L 20651 FRUITFULL DRIVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSATTO, OTTORINO 5827 S.W. FIRST AVENUE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, LISA ANN 20651 FRUITFULL DRIVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSATTO, EFFIE LEE 5827 S.W. FIRST AVENUE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/05-80007-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph L. Wright*

4/6/05

Date

239-633-0090

Daytime Phone #