
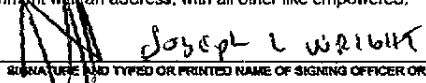


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000075029		
1. Entity Name ISLAND PARK LEASING CORP.		
Principal Place of Business 16387 SOUTH TAMiami TRAIL FORT MYERS, FL 33908		Mailing Address PO BOX 745 ESTERO, FL 33928-0745
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LISZEWSKI, LEONARD L ESQ. 2110 CLEVELAND AVENUE FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/11/06 239-633-0050 <small>Date Daytime Phone #</small>



01072006 No Chg-P CR2E034 (11/05)

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

1100000389016
01/20/06-80029-006 150.00

**DO NOT WRITE
IN THIS SPACE**