

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
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**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0703934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**

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, 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 P
NAME WRIGHT, JOSEPH L
STREET ADDRESS 20651 FRUITFULL DRIVE
CITY-ST-ZIP ESTERO, FL 33928

TITLE V
NAME BUSATTO, OTTORINO
STREET ADDRESS 5827 S.W. FIRST AVENUE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S
NAME WRIGHT, LISA ANN
STREET ADDRESS 20651 FRUITFULL DRIVE
CITY-ST-ZIP ESTERO, FL 33928

TITLE T
NAME BUSATTO, EFFIE LEE
STREET ADDRESS 5827 S.W. FIRST AVENUE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/30/07-80006-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 17-2007

Date

Daytime Phone #