

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000100938

1. Entity Name
CAPITAL LEASING, INC.



Principal Place of Business

1008 ROYAL ABERDEEN WAY
ORLANDO, FL 32828 US

Mailing Address

1008 ROYAL ABERDEEN WAY
ORLANDO, FL 32828 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 20, 2006 8:00 am
Secretary of State**

03-20-2006 90015 005 ***150.00



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3547294	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JAMES
1008 ROYAL ABERDEEN WAY
ORLANDO, FL 32828

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BAILEY, JAMES
STREET ADDRESS 1008 ROYAL ABERDEEN WAY
CITY-ST-ZIP ORLANDO, FL 32828

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: *James Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

407-382-9233

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**