

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099813

Entity Name: OFF LEASE, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

12195-4 METRO PKWY
FORT MYERS, FL 33966

New Principal Place of Business:

35 DIAMOND DR
KEY WEST, FL 33040

Current Mailing Address:

12195-4 METRO PKWY
FORT MYERS, FL 33966

New Mailing Address:

35 DIAMOND DR
KEY WEST, FL 33040

FEI Number: 65-0973338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, DWAYNE F
5702 CAPE HARBOUR DR # 101
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

DAY, DWAYNE F
4 BOUGAINVILLEA AVE
KEY WEST, FL 33040 US

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.

SIGNATURE: DWAYNE F. DAY

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: DAY, DWAYNE F
Address: 5702 CAPE HARBOUR DR # 101
City-St-Zip: CAPE CORAL, FL 33914

Title: CFO () Delete
Name: DAY, IVETA
Address: 5702 CAPE HARBOUR DR # 101
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: SHEDROW, GREGORY
Address: 12501 WALDEN RUN
City-St-Zip: FORT MYERS, FL 33913

Title: VP (X) Delete
Name: LAZOR, MARIZA L
Address: 6051 SHALLOWS WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: DAY, DWAYNE F
Address: 35 DIAMOND DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: LAZOR HOOD, MARIZA L
Address: 6051 SHALLOWS WAY
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE F. DAY

PDT

01/07/2009

Electronic Signature of Signing Officer or Director

Date