

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000102382

Entity Name: LEASE OPTION INC.

FILED
Aug 03, 2005
Secretary of State

Current Principal Place of Business:

1802 WEST CLEVELAND STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

PO BOX 4068
TAMPA, FL 33677

New Mailing Address:

FEI Number: 59-3618833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELL, THOMAS J
3920 WATER OAK DRIVE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HELL, THOMAS J
Address: 3920 WATER OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VTS () Delete
Name: BARBAS, RANDY R
Address: 1802 W CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V () Change (X) Addition
Name: WATROUS, FRED
Address: 5525 SAWYER RD
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RANDY R. BARBAS

V

08/03/2005

Electronic Signature of Signing Officer or Director

Date