

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000102382

1. Entity Name
LEASE OPTION INC.



Principal Place of Business
1802 WEST CLEVELAND STREET
TAMPA, FL 33606

Mailing Address
PO BOX 4068
TAMPA, FL 33677



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HELL, THOMAS J
STREET ADDRESS 3920 WATER OAK DRIVE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE VTS
NAME BARBAS, RANDY R
STREET ADDRESS 1802 W CLEVELAND STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE V
NAME WATROUS, FRED
STREET ADDRESS 5525 SAWYER RD
CITY-ST-ZIP LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/21/06-80001-005 150.00

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IN THIS SPACE**

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

RANDY BARBAS

7/12/06 (813) 254-6575

Date

Daytime Phone #