2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000102382

1. Entity Name
LEASE OPTION INC.

Principal Place of Business	Mailing Address
1802 WEST CLEVELAND STREET	PO BOX 4068
TAMPA, FL 33606	TAMPA, FL 33677

DO NOT WRITE IN THIS SPACE

01152007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3618833		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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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	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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04/30/07-80032-014 150.00

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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: _____Randy R Barbas_____ 4/17/07 813-254-657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #