

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J34168

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** MANAGEMENT SERVICES OF LEE COUNTY, INC.

**Current Principal Place of Business:**

4524 SE 16 PL, #2C  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

4524 SE 16 PL, #2C  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 59-2724728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAUL, GARY G  
4524 SE 16TH PLACE #2C  
CAPE CORAL, FL 33904 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: PD  
Name: PAUL, GARY G.  
Address: 4254 SE 16TH PLACE, #2C  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD  
Name: PAUL, LINDA L.  
Address: 4524 SE 16TH PLACE, #2C  
City-St-Zip: CAPE CORAL, FL 33904

Title: VTSD  
Name: KNIGHT, ROBERT D JR  
Address: 4524 16TH PLACE, #2C  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D KNIGHT JR

VTSD

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date