

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000120180**  
1. Entity Name  
**A PROPERTY MAINTENANCE COMPANY OF LEE COUNTY, INC.**



Principal Place of Business      Mailing Address  
**4705 SW 8TH PLACE**      **4705 SW 8TH PLACE**  
**CAPE CORAL FL 33914**      **CAPE CORAL FL 33914**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**GILBRETH, THOMAS S**  
**4705 SW 8TH PLACE**  
**CAPE CORAL FL 33914**



1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**20-0140427**      Not Appl.

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Added to Fee**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GILBRETH, THOMAS S	NAME	
STREET ADDRESS	4705 SW 8TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	
			U00000404897 02/07/06--80019-006 150.00
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GILBRETH, THOMAS S	NAME	
STREET ADDRESS	4705 SW 8TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GILBRETH, THOMAS S	NAME	
STREET ADDRESS	4705 SW 8TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	
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NAME	GILBRETH, THOMAS S	NAME	
STREET ADDRESS	4705 SW 8TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas S. Gilbreth*      **THOMAS S. GILBRETH**      1-23-06      239-770-37