
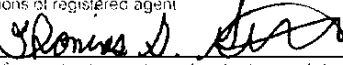



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 028 ***150.00

DOCUMENT # P03000120180			
1. Entity Name A PROPERTY MAINTENANCE COMPANY OF LEE COUNTY, INC.			
Principal Place of Business 4705 SW 8TH PLACE CAPE CORAL, FL 33914		Mailing Address 4705 SW 8TH PLACE CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 4619 SW 7TH PLACE		3. Mailing Address 4619 SW 7TH PLACE	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33914		Country US	
4. FEI Number 20-0140427		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBRETH, THOMAS S 4705 SW 8TH PLACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name GILBRETH, THOMAS S Street Address (P.O. Box Number is Not Acceptable) 4619 SW 7TH PLACE City CAPE CORAL FL Zip Code 33914	
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  THOMAS S. GILBRETH, PRESIDENT 3-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GILBRETH, THOMAS S STREET ADDRESS 4705 SW 8TH PLACE CITY, ST, ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE P VP SEC TR NAME GILBRETH, THOMAS S STREET ADDRESS 4619 SW 7TH PLACE CITY, ST, ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GILBRETH, THOMAS S STREET ADDRESS 4705 SW 8TH PLACE CITY, ST, ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME GILBRETH, THOMAS S STREET ADDRESS 4705 SW 8TH PLACE CITY, ST, ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  THOMAS S. GILBRETH, PRESIDENT		3-15-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	