

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J34168

**FILED**  
**Jan 31, 2016**  
**Secretary of State**  
**CC4376703754**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2724728

**Certificate of Status Desired:** No

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

PAUL, GARY G  
4524 SE 16TH PLACE #2C  
CAPE CORAL, FL 33904 US

*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

**Officer/Director Detail :**

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

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

Title VTSD  
Name KNIGHT, ROBERT DJR.  
Address 4524 16TH PLACE, #2C  
City-State-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

**VICE PRESIDENT**

**01/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date