


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90025 015 ***150.00

| | |
|---|---|
| DOCUMENT # 512903 |  |
| 1. Entity Name PREFERRED PROPERTIES OF LEE COUNTY, INC. | |

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|---|---|
| Principal Place of Business 1400 HOMESTEAD RD N P.O. BOX 967 LEHIGH ACRES, FL 33936 | Mailing Address 1400 HOMESTEAD RD N P.O. BOX 967 LEHIGH ACRES, FL 33936 |
|---|---|

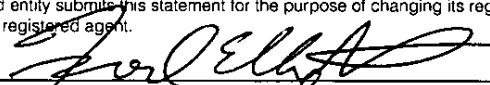
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01142006 Chg-P CR2E034 (11/05)

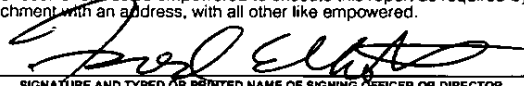
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| 6. Name and Address of Current Registered Agent O'SULLIVAN, CORNELIUS P. 1400 HOMESTEAD ROAD, NORTH LEHIGH ACRES, FL 33936 | |
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| 7. Name and Address of New Registered Agent | |
| Name Fred Elliott | |
| Street Address (P.O. Box Number is Not Acceptable) 1400 Homestead Road, North | |
| City Lehigh Acres, | FL Zip Code 33936 |

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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  | DATE January 16, 2006 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | PD O'SULLIVAN, CORNELIUS P. 1400 HOMESTEAD ROAD, NORTH LEHIGH ACRES FL, <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLIOTT, FRED D 1400 HOMESTEAD RD N LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Fred D. Elliott 1400 Homestead Rd., N. Lehigh Acres, FL 33936 <input checked="" 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 |
| 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 |
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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:  | 1-16-06 (239) 369-6161 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |