


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90091 035 \*\*\*150.00

**DOCUMENT # J17975**  
 1. Entity Name  
**W. CHRIS LEWIS AND ASSOCIATES, INC.**



Principal Place of Business: **503 US HWY 27 BRANFORD FL 32008**  
 Mailing Address: **P.O. BOX 1000 HIGHWAY 27 & 129 BRANFORD FL 32008**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2695686**  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CLESI, DUSTIN M.**  
**503 US HWY 27**  
**BRANFORD FL 32008**

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 \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> <input type="checkbox"/> Delete	NAME: <b>CLESI, DUSTIN M.</b> STREET ADDRESS: <b>HWY 129 &amp; 27 BOX 1000</b> CITY-ST-ZIP: <b>BRANFORD FL</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>CLESI, AIMEE B</b> STREET ADDRESS: <b>RT. 2, BOX 5813</b> CITY-ST-ZIP: <b>FORT WHITE FL 32038</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>CLESI, ERIKA L</b> STREET ADDRESS: <b>RT. 2, BOX 5813</b> CITY-ST-ZIP: <b>FORT WHITE FL 32038</b>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: <b>503 US Hwy 27</b> CITY-ST-ZIP: <b>BRANFORD, FL 32008</b>
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ 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: Dustin M. Clesi **DUSTIN M. CLESI** 4-27-06 386-935-2283  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #