


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90033 044 ****61.25

DOCUMENT # N02000005082	
1. Entity Name FLEET RESERVE ASSOCIATION LEHIGH DEVELOPMENT, INC.	

Principal Place of Business 500 SUNSHINE BLVD LEHIGH ACRES FL 33971	Mailing Address P.O. BOX 1870 LEHIGH ACRES FL 33970
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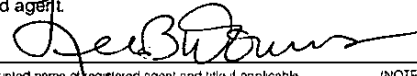
2. Principal Place of Business 1230 TAYLOR LANE EXT	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEHIGH ACRES FL	City & State LEHIGH ACRES FL
Zip 33436	Country USA

4. FEI Number NO-T APPLICABLE	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 DOWNS, LEE B 9705 BAYCREST COURT LEHIGH ACRES FL 33936	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1230 TAYLOR LANE EXT City LEHIGH ACRES FL Zip Code 33437
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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** 1-20-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWNS, LEE B		NAME 1230 TAYLOR LANE EXT	
STREET ADDRESS 9705 BAYCREST COURT		STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES FL 33936		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTLIEB, CARL		NAME	
STREET ADDRESS 1446 S.E. 19TH LANE		STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		CITY-ST-ZIP	
TITLE VPSD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POISSON, EDWARD J		NAME	
STREET ADDRESS 1210 CORTEZ AVENUE		STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES FL 33936		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 617, 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:  **DATE** 1-20-05 **Daytime Phone #** 2343031230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR