

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


APPROPRIATE
AND
FILED

06 MAR - | AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS



DOCUMENT # N02000005082					
1. Entity Name FLEET RESERVE ASSOCIATION LEHIGH DEVELOPMENT, INC.					
Principal Place of Business 1230 TAYLOR LANE EXT LEHIGH ACRES FL 33936			Mailing Address 1230 TAYLOR LANE EXT LEHIGH ACRES FL 33936		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
DOWNNS, LEE B 1230 TAYLOR LANE EXT LEHIGH ACRES FL 33937			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 <u><i>Lee B Downs</i></u> DATE <u>2-16-06</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNNS, LEE B		NAME		
STREET ADDRESS	1230 TAYLOR LANE EXT		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<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	<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	<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	<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	<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 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 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: *Lee B Downs* 2-16-06 239 849 6686