## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011988

Entity Name: LEHIGH ACRES WATCHDOG, INC.

Jul 23, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 1778

LEHIGH ACRES, FL 33970

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1778

LEHIGH ACRES, FL 33970

FEI Number: 20-2051170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDERSON, ROBERT J ANDERSON, ROBERT J

110 E 3RD ST 110 E 3RD ST

LEHIGH ACRES, FL 33970 LEHIGH ACRES, FL 33936 US 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: ROBERT J ANDERSON 07/23/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition

ANDERSON, ROBERT Name: Name: P.O. BOX 1778 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33970 City-St-Zip:

Title: VPD Title: VPD (X) Change ( ) Addition () Delete

Name: ROPES, DON Name: MIDDLETON, CURTIS P Address: P.O. BOX 1778 Address: P.O. BOX 1778

LEHIGH ACRES, FL 33970 City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33970

Title: STD () Delete Title: () Change () Addition

ANDERSON, LAURA Name: Name: Address: P.O. BOX 1778 Address: City-St-Zip: LEHIGH ACRES, FL 33970 City-St-Zip:

Title: VPD ( ) Delete Title: (X) Change ( ) Addition

ROPES, DON Name: ANDERSON, SUSAN Name: Address: PO BOX 1778 Address: P.O. BOX 1778

City-St-Zip: LEHIGH ACRES, FL 33970 City-St-Zip: LEHIGH ACRES, FL 33970

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J ANDERSON PD 07/23/2006