


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000011872</b> 1. Entity Name LEE COUNTY GATORS INC.	
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Principal Place of Business 627 SE 32ND STREET CAPE CORAL, FL 33904	Mailing Address 627 SE 32ND STREET CAPE CORAL, FL 33904
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5901259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SERAVELLO, RALPH A 627 SE 32TH STREET CAPE CORAL, FL 33904
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000230099
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. CULLEMBER, BRIAN D 2322 SW 18TH STREET CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. CULLEMBER, THOMAS E JR. 5023 SW 16TH PLACE APT. 101 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. SERAVELLO, RALPH A 627 SE 32ND STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/23/08-80008-013 61.25

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IN THIS SPACE**

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 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.

<b>SIGNATURE:</b> 	4-8-08	239-464-2411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>