

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N37978

1. Entity Name
**LEE COUNTY GOVERNMENTAL LEASING
CORPORATION**



Principal Place of Business

**% JAMES G. YAEGER
2115 2ND ST.
FT. MYERS, FL 33901**

Mailing Address

**% JAMES G. YAEGER
2115 2ND ST.
FT. MYERS, FL 33901**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0194072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**OWEN, DAVID M
2115 2ND ST.
FT. MYERS, FL 33901**

**DO NOT WRITE
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

David M. Owen, County Attorney

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANES, ROBERT
STREET ADDRESS	2120 MAIN ST.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D
NAME	JUDAH, RAY
STREET ADDRESS	2120 MAIN ST.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	VD
NAME	HALL, TAMMY
STREET ADDRESS	2120 MAIN ST.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D
NAME	ALBION, JOHN
STREET ADDRESS	2120 MAIN ST.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	PD
NAME	ST CERNY, DOUGLAS R
STREET ADDRESS	2120 MAIN ST.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	ST
NAME	STILWELL, DONALD D
STREET ADDRESS	2115 SECOND STREET
CITY-ST-ZIP	FT MYERS, FL 33901

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05/11/06-80060-005 70.00

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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.

SIGNATURE:

Tammara Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

(239) 335-2111

Daytime Phone #

WO#1
4-25-06