


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 040 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N37978</b>   |  |
| 1. Entity Name<br><b>LEE COUNTY GOVERNMENTAL LEASING CORPORATION</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>% JAMES G. YAEGER<br/>2115 2ND ST.<br/>FT. MYERS, FL 33901</b> | Mailing Address<br><b>% JAMES G. YAEGER<br/>2115 2ND ST.<br/>FT. MYERS, FL 33901</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2115 2ND ST.</b> | 3. Mailing Address<br><b>2115 2ND ST.</b> |
|---|---|

|   |   |
|---|---|
| Suite, Apt. #, etc.<br><b>6TH FLOOR</b> | Suite, Apt. #, etc.<br><b>6TH FLOOR</b> |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>FT. MYERS, FL</b> | City & State<br><b>FT. MYERS, FL</b> |
|--------------------------------------|--------------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33901</b> | Country<br><b>USA</b> | Zip<br><b>33901</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
| OWEN, DAVID M<br>2115 2ND ST.<br>FT. MYERS, FL 33901 |  |  |  |
|--|--|--|--|

**40097085**




03132007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0194072</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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  | David M. Owen, County Attorney | 4/3/07 |
| Signature, typed or printed name of registered agent and title if applicable.                 |                                | DATE   |

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JANES, ROBERT<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Robert Janes<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUDAH, RAY<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>RAY JUDAH<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HALL, TAMMY<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>TAMMY HALL<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBION, JOHN<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>FRANK MANN<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ST CERNY, DOUGLAS R<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BRIAN BIGELOW<br>2120 MAIN ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>STILWELL, DONALD D<br>2115 SECOND STREET<br>FT MYERS, FL 33901 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST<br>Donald D. Stilwell<br>2115 SECOND ST.<br>FT. MYERS, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition    |

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:  | Robert P. Janes | (239) 335-2111 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                 | Date           |