

FILED

Feb 12, 2007 08:00  
Secretary of Sta**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N93000002415

1. Entity Name  
SPAY - LEE INC.

Principal Place of Business

951 AQUA LN.  
FT. MYERS, FL 33919 US

Mailing Address

P. O. BOX 6577  
FT. MYERS, FL 33911 US

01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0417180Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PICCOLA, J A  
951 AQUA LANE  
FT. MYERS, FL 33919**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PICCOLA, J A
STREET ADDRESS	951 AQUA LANE
TY-ST-ZIP	FT. MYERS, FL 33919
LE	STD
WE	STEWART, SHIRLEY J
REET ADDRESS	467 KEENAN COURT
-ST-ZIP	FT. MYERS, FL 33919
ADDRESS	VD
ST-ZIP	DOWLING, SUNNY
	1318 SE 13TH ST
	CAPE CORAL, FL 33990

U00000634111  
02/21/07-80092-002 61.25**DO NOT WRITE  
IN THIS SPACE**

I 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 provided 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. A. Piccola 2/7/07 239 939 3680