


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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003852**

1. Entity Name  
**LEE GUARDIANSHIP SERVICES, INC.**



Principal Place of Business  
**3783 SEAGO LANE  
 FORT MYERS, FL 33901**

Mailing Address  
**3783 SEAGO LANE  
 FORT MYERS, FL 33901**



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0432968</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OSTERHOUT, JULIE  
 3783 SEAGO LANE  
 FORT MYERS, FL 33901**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD OSTERHOUT, JULIE RT. 2, 134 POLLYWOG POINT LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCKINNEY, LANCE 7481 BEAR HOLLOW CIR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRATHER, BETH 1227 WALDEN DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SWANK, BRITTON G 711 SAWYER STREET LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/31/06-80014-009 70.00

**DO NOT WRITE 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: Britton G. Swank Britton G. Swank 1/20/06 239-939-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #