


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90299 017 ****70.00

DOCUMENT # N98000003539	
1. Entity Name	
LIONS, TIGERS & BEARS, INC.	

Principal Place of Business	Mailing Address
551 DUNCAN ROAD PUNTA GORDA FL 33982 US	551 DUNCAN ROAD PUNTA GORDA FL 33982 US



2. Principal Place of Business	3. Mailing Address
9801 NE Bahia Court	Box 2220
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Arcadia, Florida	Arcadia, Florida
Zip	Zip
34266	34265
Country	Country
USA	USA

4. FEI Number	Applied For
65-0846509	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
WITTMEIER, CAROLYN J 551 DUNCAN ROAD PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent
Name CAROLYN J. WITTMEIER
Street Address (P.O./Box Number is Not Acceptable)
9801 NE Bahia Court
City Arcadia FL Zip Code 34266

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 <i>CJ Wittmeier</i> (NOTE: Registered Agent signature required when re-registering)
DATE April 20/06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	CRAFT, WILLIAM D
STREET ADDRESS	18381 NE WAYNE DR
CITY-ST-ZIP	NORTH FORT MYERS FL 33917
TITLE	D <input type="checkbox"/> Delete
NAME	MEREDITH, LINDA
STREET ADDRESS	2626 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	ST <input type="checkbox"/> Delete
NAME	CRAFT, JOAN DR
STREET ADDRESS	47120 HORSESHOE RD
CITY-ST-ZIP	PUNTA GORDA FL 33982
TITLE	D <input type="checkbox"/> Delete
NAME	YOUNGBLOOD, RONALD
STREET ADDRESS	P O BOX 4091
CITY-ST-ZIP	NORTH FORT MYERS FL 33918
TITLE	CW <input type="checkbox"/> Delete
NAME	WITTMEIER, CAROLYN J
STREET ADDRESS	551 DUNCAN RD
CITY-ST-ZIP	PUNTA GORDA FL 33982
TITLE	P <input type="checkbox"/> Delete
NAME	WITTMEIER, DENNIS B
STREET ADDRESS	551 DUNCAN RD
CITY-ST-ZIP	PUNTA GORDA FL 33982

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Kugler
STREET ADDRESS	18381 NE WAYNE DR
CITY-ST-ZIP	North Fort Myers, FL 33917 D
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Burton
STREET ADDRESS	1635 SW 32nd Terr
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY-CHRIS WILTSHIRE
STREET ADDRESS	6417 MARK LANE
CITY-ST-ZIP	Fort Myers, FL 33912 D
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Mihano
STREET ADDRESS	5370 Congo Court
CITY-ST-ZIP	Cape Coral, FL 33904 D
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. P. Chatham
STREET ADDRESS	5370 Congo Ct
CITY-ST-ZIP	CAPE CORAL, FL 33904 D
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *CJ Wittmeier* CAROLYN J. WITTMEIER Apr 20/06 1-863-494-5010