

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004774

FILED  
Jul 04, 2005  
Secretary of State

**Entity Name:** AFFORDABLE SPAY/NEUTER OF LEE COUNTY, INC.

**Current Principal Place of Business:**

13422 N CLEVELAND AVE  
FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13422 N CLEVELAND AVE  
FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 65-0858594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

INK, THERESA D  
7129 S BRENTWOOD RD  
FORT MYERS, FL 33919      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: INK, THERESA D  
Address: 7129 S BRENTWOOD RD  
City-St-Zip: FORT MYERS, FL 33919

Title: STD      ( ) Delete  
Name: INK, JAMES M  
Address: 15100 SWEETWATER COURT  
City-St-Zip: FORT MYERS, FL 33912

Title: VD      ( ) Delete  
Name: GOLD, JANE B  
Address: 7839 EAGLES FLIGHT LANE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA D INK

PD

07/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date