## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000001518

## **FILED** Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90047 026 \*\*\*150.00

1. Entity Nam	e	LEE COUNTY,						0 <b>2</b> 0 <b>3 2</b> 003 3	, ,	20 13	0.00
Principal Place	e of Business	s	Mailing Add	ress			1				
1318 LAFAYETTE STREET CAPE CORAL, FL 33904				1318 LAFAYETTE STREET CAPE CORAL, FL 33904					5	00101	174
2. Principal P	lace of Busin	ness	3. Mailing A	ddress							
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			01142005	Chg-P	CR2E	034 (10/03)		
City & State		City & State				4. FEI Numb 65-097			<del></del>	pplied For ot Applicable	
Zip		Country	Zip		Countr	у	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Registered Ag	ent			7. Name and	Address of New R	egistered	Agent	
				_		Name	•				
HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904						Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
					-	City	<u></u> .		Fl	Zip Cod	je
	named entit	ly submits this statement tered agent.	t for the purpose o	f changing its re	gistered	d office or registe	red agent, or bo	th, in the State of Flo	orida, I am	familiar with,	, and accept
SIGNATURE	Signature bined	t or printed name of registered ag	nent and title if are deable.	MATE: B					DATE	٠	
	Cignata a, typos	tal huuten usus oi ledistelen sõ	perit and title ir applicable.	(NOTE: N	Registered	Agent signature require	d when reinstaling)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

MONUS W HULL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #