2007 FOR PROFIT COPPORATION ANNUAL REPORT

DOCUMENT # P01000026030

1. Entity Name

SEWELL ENTERPRISES OF LEE COUNTY INC



Principal Place of Business

2224 SE 5TH COURT CAPE CORAL, FL 33990

Mailing Address

2224 SE 5TH COURT CAPE CORAL, FL 33990

FILED Apr 16, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1084935 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEWELL, JAMES R 2213 SE 5TH AVE. CAPE CORAL, FL 33990 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE.				DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				
10.	OFFICERS AND DIREC	OTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SEWELL, JAMES R 2213 SE 5TH AVE. CAPE CORAL, FL 33990			U00000710408 04/25/07-80043-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEWELL, DENISE 2213 SE 5TH DR CAPE CORAL, FL 33990			04, 20, 01, 000 10, 000, 100, 00
THLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS .CITY-SI-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			
TITLE NAME STREET ADDRESS CITY ST-ZIP				· · · · · · · · · · · · · · · · · · ·
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information				

12. I hereby certify that the information supplied with this filling 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

239 802 8928