

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90234 001 *1,050.00

DOCUMENT # P01000051782

1. Entity Name
B.U.C.H. OF LEE COUNTY, INC.



Principal Place of Business
4333 SW 1ST PLACE
CAPE CORAL, FL 33914

Mailing Address
2221 S.W. 43RD LANE
CAPE CORAL, FL 33914



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0678529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COOPER, STEVEN A ASS.
4001 SANTA BARBARA BLVD
NAPLES, FL 34104

**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

Steven A. Cooper

20 Apr 06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PVST |
| NAME | KUHN, BARBARA |
| STREET ADDRESS | 2221 S.W. 43RD LANE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | D |
| NAME | KUHN, BARBARA |
| STREET ADDRESS | 2221 S.W. 43RD LANE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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 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:

Steven A. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Apr 06

Date

Daytime Phone #