## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P01000051782**

1. Entity Name

B.U.C.H. OF LEE COUNTY, INC.



**FILED** May 04, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4333 SW 1ST PLACE CAPE CORAL, FL 33914 2221 S.W. 43RD LANE CAPE CORAL, FL 33914



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 05022007

Applied For 4. FEI Number 65-0678529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

COOPER, STEVEN A ASS. 4001 SANTA BARBARA BLVD

## DO NOT WRITE

NAPLES, FL 34104			IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if expelicable. (NOTE: Registered	f Agent signature	raquired when reinstating)	DATE
FILE NOWILL FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.		cing 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	OFFICERS AND DIRE PVST KUHN, BARBARA 2221 S.W. 43RD LANE CAPE CORAL, FL 33914 D KUHN, BARBARA 2221 S.W. 43RD LANE CAPE CORAL, FL 33914	CTORS			U00000761609 05/25/07-80061-024 158.75 NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A 111	-			

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: