


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2006 90166 007 \*\*\*150.00

DOCUMENT # P02000103073		
1. Entity Name LEE COUNTY CHAMBER OF COMMERCE, INC.		

Principal Place of Business 13601 MCGREGOR BLVD #15 FORT MYERS, FL 33919	Mailing Address P.O. BOX 62118 FORT MYERS, FL 33906-2118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 15270 Cricket Lane Suite, Apt. #, etc.
City & State	City & State Fort Myers FL
Zip Country	Zip Country



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent NARGI, ARMANDO 15270 CRICKET LANE FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Armando Nargi (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARGI, ARMANDO 15270 CRICKET LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Armando Nargi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/28/06 Daytime Phone #