JAN-20-2006 04:25 WIEBEL HENNELLS CARUFE PA

FILED
May 22, 2006 8:00 am
Secretary of State
05-22-2006 90039 012 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022981

1. Entity Name
LEHIGH WELL AND WATER INC

Principal Place of Business	Mailing Address
6131 NEAL ROAD FORT MYERS, FL ~~33903~~ US 33905	PO BOX 1412 ~~FORT MYERS, FL 33971~~ US Lehigh Acres 33970

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number ~~01-0503006~~ 20-0450621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUSSELL, EARL R
322 GUNNERY ROAD
D
LEHIGH ACRES, FL 33971

7. Name and Address of New Registered Agent
Name: Nelida Carufe, CPA
Street Address (P.O. Box Number Is Not Acceptable): 9420 Bonita Beach Rd # 200
City: Bonita Springs FL Zip Code: 34135

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] Nelida Carufe CPA 1/10/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, JOSEPH D 6131 NEAL ROAD FORT MYERS, FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Joseph D Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #