

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90360 044 \*\*\*150.00

**DOCUMENT # P03000060953**

1. Entity Name  
**LEHIGH ACRES REALTY, INC.**



Principal Place of Business  
**105 EAST GREENS  
 LEHIGH ACRES, FL 33972 US**

Mailing Address  
**105 EAST GREENS  
 LEHIGH ACRES, FL 33972 US**

2. Principal Place of Business  
**1012 Highland Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1012 Highland Ave**  
 Suite, Apt. #, etc.

City & State  
**Lehigh Acres FL**

City & State  
**Lehigh Acres FL**

Zip  
**33972** Country  
**Lee**

Zip  
**33972** Country  
**Lee**

400460



03292006 Chg-P CR2E034 (11/05)

4. FEI Number  
**74-3093679**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GAWLE, BETTY J 33972  
 105 EAST GREENS  
 LEHIGH ACRES, FL 33972**

7. Name and Address of New Registered Agent  
 Name **GAWLE, Betty J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1012 Highland Ave**  
 City **Lehigh Acres FL 33972**

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 \_\_\_\_\_ (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	PD GAWLE, BETTY J 105 EAST GREENS LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1012 Highland AV Lehigh Acres FL 33972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAWLE, ROBERT E SR 105 EAST GREENS LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1012 Highland AV Lehigh Acres FL 33972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Betty J Gawle Betty J Gawle** **3-29-06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **239-303-1859**