

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000143628

Entity Name  
LCI SITE DEVELOPMENT INC



**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3760 HYDE PARK DR  
FT MYERS, FL 33905

Mailing Address  
3760 HYDE PARK DR  
FT MYERS, FL 33905



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0208994

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

IRELAND, LARRY  
3760 HYDE PARK DR  
FT MYERS, FL 33905

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when renewing)

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

11111111397409  
01/30/06-80047-024 150.00

**OFFICERS AND DIRECTORS**

|                |                    |
|----------------|--------------------|
| TITLE          | D                  |
| NAME           | IRELAND, LARRY     |
| STREET ADDRESS | 3760 HYDE PARK DR  |
| CITY-STATE-ZIP | FT MYERS, FL 33905 |
| TITLE          | D                  |
| NAME           | IRELAND, CINDY     |
| STREET ADDRESS | 3760 HYDE PARK DR  |
| CITY-STATE-ZIP | FT MYERS, FL 33905 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-STATE-ZIP |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-STATE-ZIP |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-STATE-ZIP |                    |

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*Cindy Ireland*

1-18-06 239-229-4337