2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90326 044 ***150.00

DOCUMENT # P04000156651

1. Entity Name
THE FLORIDA REAL ESTATE STORE OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
18441 TELEGRAPH CREEK LANE ALVA, FL 33920 US	18441 TELEGRAPH CREEK LANE ALVA, FL 33920 US

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
18660 River Estates Ln	18660 River Estates Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALVA FL	City & State: ALVA FL
Zip: 33920 Country: USA	Zip: 33920 Country: USA

FEI Number: 20-1885476 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INFIESTO, CYNTHIA 18441 TELEGRAPH CREEK LANE ALVA, FL 33920	Name Street Address (P.O. Box Number is Not Acceptable): 18660 River Estates Lane City: ALVA FL Zip Code: 33920

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P INFIESTO, CYNTHIA 18441 TELEGRAPH CREEK LANE ALVA, FL 33920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 18660 River Estates Lane ALVA FL 33920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWNE, JOSEPH K 30 W. 14TH STREET CHICAGO, IL 60605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLAVVISE, ROY 4756 W. BRYN MAWR CHICAGO, IL 60646	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: _____ 4-5-06 2396901905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #