


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/9

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

02-09-2006 90030 046 \*\*\*150.00

<b>DOCUMENT # P05000087895</b>			
1. Entity Name <b>THE GRANT OF LEE CORPORATION</b>			
Principal Place of Business <b>10911 BONITA BEACH RD STE 2031 BONITA SPRINGS, FL 34135</b>		Mailing Address <b>PO BOX 1387 ESTERO, FL 33928</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>2250 PECK ST.</b>		Suite, Apt. #, etc.	
City & State <b>Fort Myers FL</b>		City & State	
Zip <b>33901</b>	Country <b>Lee</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>KAREN CARTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2250 PECK ST.</b> City <b>Fort Myers</b> FL Zip Code <b>33901</b>	
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 <i>Karen Carter</i> DATE <b>2/3/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARTER, KAREN E 10911 BONITA BEACH RD STE 2031 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2250 PECK ST. Fort Myers, FL 33901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V. P. Smith/Treasurer CHARLES D. EDWARDS JR 2250 PECK ST. Fort Myers FL 33901</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
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: <i>Karen Carter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>2/3/06</b> <b>339</b> <small>DATE</small>	

66003433



01232006 Chg-P CR2E034 (11/05)

4. FEI Number **76-0792798** Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



ATTACHMENT  
66003455

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

THE GRANT OF LEE CORPORATION  
PO BOX 1387  
ESTERO, FL 33928

Subject: **THE GRANT OF LEE CORPORATION**

Reference Number:

**F05000087895**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION