


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000093888 |  |
| 1. Entity Name A & N OF LEE COUNTY, INC. | |

| | |
|--|--|
| Principal Place of Business 4400 HANCOCK BRIDGE PARKWAY N. FORT MYERS, FL 33903 US | Mailing Address 4400 HANCOCK BRIDGE PARKWAY N. FORT MYERS, FL 33903 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3086870 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent TSIMPEDES, NESTOR 556 PHILODENRON PUNTA GORDA, FL 33955 |
|--|

DO NOT WRITE
IN THIS SPACE

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TSIMPEDES, NESTOR 556 PHILODENRON PUNTA GORDA, FL 33955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC TSIMPEDES, ANNA 556 PHILODENRON PUNTA GORDA, FL 33955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000693547
04/16/07-80044-003 150.00

DO NOT WRITE
IN THIS SPACE

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:  | 4-08-07 | 239-997-9935 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |