

2008 FOR PROFIT CORPORATION. ANNUAL REPORT

8/2

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-25-2008 90004 012 ***150.00

DOCUMENT # P07000106087					
1. Entity Name D & J LEE CAPE CORP					
Principal Place of Business 4720 SE 15TH AVE 102 CAPE CORAL, FL 33904 US			Mailing Address 201 SE 27TH STREET CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08182008 Chg-P CR2E034 (12/06)	
4. FFI Number 26-1173940				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, JORGE E 201 SE 27TH STREET CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when certifying) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete CASTRO, JORGE E 201 SE 27TH AVE CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete BOLANOS, DAYAMANTI 201 SE 27TH AVE CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 8/13/08 (239) 549 1555	