

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000021462

Entity Name: WIRO OF LEE COUNTY, INC.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O THORNTON  
1216 SW 20TH STREET  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1317 SE 46TH LANE  
207  
CAPE CORAL, FL 339048624

**New Mailing Address:**

FEI Number: 65-0391932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THIERSMANN, LYDIA  
1317 SE 46TH LANE  
#207  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALTRAUT, ROTH  
Address: 5320 MALIBU CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: ROTH, WILLY  
Address: 5320 MALIBU CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: THIERSMANN, LYDIA  
Address: 1317 SE 46TH LANE 207  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYDIA THIERSMANN

D

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date