

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000078851

1. Entity Name
ANAN OF LEE COUNTY, INC.



Principal Place of Business

714 SW 49 LANE
CAPE CORAL, FL 33914

Mailing Address

1317 SE 46 LANE
#207
CAPE CORAL, FL 33904



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000190118
01/24/05-80123-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HUNTER, ANDREA
STREET ADDRESS 12021 HIDDEN LINKS DR
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE VP
NAME ANGYAL, ANTON DR.
STREET ADDRESS 714 SW 49TH LANE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D
NAME THIERSMANN, LYDIA
STREET ADDRESS 1317 SE 46TH LANE #207
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lydia Thiersmann Lydia Thiersmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05 Date

239-549-4269 Daytime Phone #