

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0439791

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, ANDREA 12021 HIDDEN LINKS DR FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGYAL, ANTON DR. 714 SW 49TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIERSMANN, LYDIA 1317 SE 46TH LANE #207 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 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: Solia Thiersmann, Lydia Thiersmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-08

Date

239-549-4262

Daytime Phone #