

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078851

FILED
Feb 11, 2009
Secretary of State

Entity Name: ANAN OF LEE COUNTY, INC.

Current Principal Place of Business:

714 SW 49 LANE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1317 SE 46 LANE
#207
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0439791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIERSMANN, LYDIA
1317 SE 46 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNTER, ANDREA
Address: 12021 HIDDEN LINKS DR
City-St-Zip: FORT MYERS, FL 33913

Title: VP () Delete
Name: ANGYAL, ANTON DR.
Address: 714 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYDIA THIERSMANN

D

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date