


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 011 \*\*\*150.00

<b>DOCUMENT # P96000040925</b> 1. Entity Name <b>D &amp; D INVESTMENTS OF LEE COUNTY, INC.</b>					
Principal Place of Business <b>42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907</b>			Mailing Address <b>42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12580 University Drive</b>		3. Mailing Address <b>12580 University Drive</b>			
Suite, Apt. #, etc. <b># 102</b>		Suite, Apt. #, etc. <b># 102</b>			
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>			
Zip <b>33907</b>		Country <b>USA</b>		4. FEI Number <b>65-0700687</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DAVIS, RONALD L 42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12580 University Drive</b> <b># 102</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAVIS, RONALD L 42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12580 University Drive #102 Fort Myers, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT D'ANDREA, ROBERT L 42 BARKLEY CIRCLE, #3 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12580 University Drive #102 Fort Myers, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>R. D'Andrea</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/14/08</u> Daytime Phone #		