

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094375

FILED
Jan 16, 2006
Secretary of State

Entity Name: BATHCREST OF LEE COUNTY, INC.

Current Principal Place of Business:

618 ECHO DR
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

8423 SOUTH WOOD PINES
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 65-0794088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, BARBARA L
8423 SOUTHWOOD PINES ST
LITHIA, FL 33547 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: VP () Delete
Name: BRADFORD, JAMES D
Address: 618 ECHO DR
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: BRADFORD, BARBARA L
Address: 8423 SOUTHWOOD PINES ST
City-St-Zip: LITHIA, FL 33547

Title: P () Delete
Name: BRADFORD, JAMES E
Address: 8423 SOUTHWOOD PINES ST
City-St-Zip: LITHIA, FL 33547

Title: S () Delete
Name: BRADFORD, PENNY
Address: 618 ECHO DR
City-St-Zip: BRANDON, FL 33511

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA L. BRADFORD

T

01/16/2006

Electronic Signature of Signing Officer or Director

Date