

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 036 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000009892

1. Entity Name
BERNWAL OF LEE COUNTY, INC.



Principal Place of Business
**5374 CORTEZ CT
CAPE CORAL, FL 33904**

Mailing Address
**C/O ASI, INC 825 SE 47TH TER
CAPE CORAL, FL 33904**

60033339



01252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1007875

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIETZ, RALF
4420 SW 1ST PL
CAPE CORAL, FL 33914**

Name
RALE DIETZ
Street Address (P.O. Box Number is Not Acceptable)
126 SE 40TH STREET

City **CAPE CORAL** **FL** Zip Code **33904**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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5374 CORTEZ CT
CAPE CORAL, FL 33904** ☐ Delete

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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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #