## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # P98000025617**

1. Entity Name

CORPORATE ART CENTER OF LEE COUNTY, INC.



**FILED** Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1229 SOUTHEAST 47TH TERRACE

CAPE CORAL, FL 33904

PO BOX 101337 CAPE CORAL, FL 33910



DO	<b>NOT</b>	<b>WRITE</b>	IN	<b>THIS</b>	SPA	CE
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CR2E034 (11/05) 04202007 No Chg-P

4. FEI Number Applied For 65-0835826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER** 343 ALMERIA AVENUE

## DO NOT WRITE

CORAL GA	ABLES, FL 33134			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, 2007 Fee will be \$550.00		9. Election Campaign Financing  \$5.00 May B  Trust Fund Contribution.  Added to Fees		5.00 May Be ded to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE	PSTD									
NAME	ANDERSON, IRIS M									
STREET ADDRESS	1229 SOUTHEAST 47TH TERRACE									
CITY-ST-ZIP	CAPE CORAL, FL 33904					U00000744643 05/15/07-80157-019 150.00				
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12. Thereby certify that the information supplied with this filth does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information										
12. I hereby certify that the information supplied with this fifthe 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 of the receiver or, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my frame appears in Block 10 or Block 11 if changed, or on an abaptiment with an address, with allower the empowered.										

UNG OFFICER OR DIRECTOR