2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90147 034 ***150.00

DOCUMENT # J91357

1. Entity Name
LEE SIDE SERVICES, INC.

Principal Place of Business	Mailing Address
11930 FAIRWAY LAKES DR. STE 2 FT.MYERS FL 33913 US	11930 FAIRWAY LAKES DR. STE 2 FT.MYERS FL 33913 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
11934 Fairway Lakes Dr	11934 Fairway Lakes Dr
Suite, Apt. #, etc.: Suite #3	Suite, Apt. #, etc.: Suite #3
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33913 Country: usa	Zip: 33913 Country: usa

4. FEI Number 65-0005567 ☐ 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
DOCKERY, SAMUEL 11930 FAIRWAY LAKES DR. STE 2 FT MYERS FL 33913	Name: Street Address (P.O. Box Number is Not Acceptable): 11934 Fairway Lakes Dr. -S#3 City: FL Zip Code:

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 Samuel E. Dockery, Pres. 4-22-05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	
TITLE: PD NAME: DOCKERY, SAMUEL E. STREET ADDRESS: 11930 FAIRWAY LAKES DRIVE CITY-ST-ZIP: FT MYERS FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VPST NAME: DOCKERY, PAMELA STREET ADDRESS: 11930 FAIRWAY LAKES DR CITY-ST-ZIP: FORT MYERS FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

239-768-5010

SIGNATURE: Samuel E. Dockery, Pres 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #