## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P96000074752 05-02-2005 90511 045 \*\*\*150.00 1. Entity Name LEE & CO. COMMERCIAL GRAPHICS, INC. 3U045056 Principal Place of Business Mailing Address 7381 114TH AVE. N. 7381 114TH AVE. N. SUITE 411 SUITE 411 LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4 FEI Number 59-3403833 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SON, UI Street Address (P.O. Box Number is Not Acceptable) 7381 114TH AVE. N. SUITE 411 LARGO, FL 33773 City Zip Code FL 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 . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Change ☐ Addition TITLE ☐ Defete TITLE SON, UI NAME NAME 7381 114TH AVE. N., SUITE 411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP ☐ Delete TITI F ☐ Channe noitibhA 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-71P Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED