

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90009 031 \*\*\*150.00

**DOCUMENT # P98000076282**

1. Entity Name

TOLLIE LEE SHARPENING, INC.



Principal Place of Business

1022 WEDGEWOOD WAY  
CALLAHAN FL 32011

Mailing Address

1022 WEDGEWOOD WAY  
CALLAHAN FL 32011

2. Principal Place of Business

36082 TEE REE LN  
Suite, Apt. #, etc.

3. Mailing Address

36082 TEE REE LN  
Suite, Apt. #, etc.

City & State

Callahan FL

City & State

Callahan FL

Zip

32011

Country

NASSAU

Zip

32011

Country

NASSAU

6. Name and Address of Current Registered Agent

A. JEFFREY TOMASETTI  
406 ASH STREET  
FERNANDINA BEACH FL 32034

4. FEI Number

59-3533551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2004 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

TITLE PTD ☐ Delete  
NAME LEE, TOLLIE  
STREET ADDRESS 1022 WEDGEWOOD WAY  
CITY-ST-ZIP CALLAHAN FL 32011

TITLE S ☐ Delete  
NAME LEE, RAMONA  
STREET ADDRESS 1022 WEDGEWOOD WAY  
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☒ Change ☐ Addition  
NAME TOLLIE LEE  
STREET ADDRESS 36082 TEE REE LN  
CITY-ST-ZIP CALLAHAN FL 32011

P ☒ Change ☐ Addition  
NAME RAMONA LEE  
STREET ADDRESS 36082 TEE REE LN  
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Ramona L Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04 904-845-2624

Date

Daytime Phone #