

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

31007160



MOORE CR2E034 (11/03)

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

4. FEI Number

59-3533551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A. JEFFREY TOMASETTI
 406 ASH STREET
 FERNANDINA BEACH FL 32034

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	<input type="checkbox"/> Delete
NAME	LEE, TOLLIE	
STREET ADDRESS	1022 WEDGEWOOD WAY	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, RAMONA	
STREET ADDRESS	1022 WEDGEWOOD WAY	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tollie Lee	
STREET ADDRESS	36082 TEE REE LN	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMONA LEE	
STREET ADDRESS	36082 TEE REE LN	
CITY-ST-ZIP	Callahan FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04 904-845-2624

Date

Daytime Phone #