

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000006681

1. Entity Name
LEES INVESTMENT GROUP, INC.



Principal Place of Business
**4525 PGA BOULEVARD
GARDEN SQUARE SHOPS
PALM BEACH GARDENS, FL 33418**

Mailing Address
**4525 PGA BOULEVARD
GARDEN SQUARE SHOPS
PALM BEACH GARDENS, FL 33418**



07222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0888582** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, DAVID B
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEE, PYONG S**
STREET ADDRESS **4525 PGA BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **S**
NAME **LEE, NAM S**
STREET ADDRESS **4525 PGA BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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09/07/05-80012-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #