

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688096

Entity Name: FAMLEE INVESTMENT COMPANY**Current Principal Place of Business:**6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822**Current Mailing Address:**6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822**FEI Number:** 59-2041290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, RICHARD T
6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LEE, RICHARD T
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title VDT
Name LEE, KATHLEEN S
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name JOHNSON, MICHELLE L
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title VP
Name JOHNSON, RANDALL
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name LEE, THOMAS G II
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title VD
Name BARROW, LORRAYNE L
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

Title VP
Name BARROW, SHAWN
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN BARROW

VP

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date