
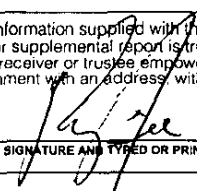


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90058 003 \*\*\*150.00

<b>DOCUMENT # 208627</b> 1. Entity Name <b>T.G. LEE FARMS, INC.</b>					
Principal Place of Business <b>7050 AUGUSTA NATIONAL DRIVE</b> <b>P. O. BOX 620365</b> <b>ORLANDO, FL 32862</b>			Mailing Address <b>7050 AUGUSTA NATIONAL DRIVE</b> <b>P. O. BOX 620365</b> <b>ORLANDO, FL 32862</b>		
2. Principal Place of Business - No P.O. Box # <b>6509 Hazeltine National Dr</b> Suite, Apt. #, etc. <b>Suite 6</b>		3. Mailing Address <b>6509 Hazeltine Nat'l Dr.</b> Suite, Apt. #, etc. <b>Suite 6</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-0825484</b>	
Zip <b>32822</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, RICHARD T</b> <b>7050 AUGUSTA NATIONAL DRIVE</b> <b>ORLANDO, FL 32822</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6509 Hazeltine National Drive</b> Suite 6 City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/17/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, II, THOMAS G <input type="checkbox"/> Delete 7050 AUGUSTA NAT'L DR ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LEE, KATHLEEN S <input type="checkbox"/> Delete 7050 AUGUSTA NAT'L DR ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROW, LORRAYNE L. <input type="checkbox"/> Delete 7050 AUGUSTA NAT'L DR ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, MICHELLE L <input type="checkbox"/> Delete 7050 AUGUSTA NAT'L DR ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Richard T. Lee		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #