2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM **DOCUMENT # 212171 Secretary of State** 1. Entity Name BOB LEE'S, INC. Principal Place of Business Mailing Address ROBERT E LEE ROBERT E LEE 1631 4TH ST NO ST PETERSBURG FL 33704 1631 4TH ST NO ST PETERSBURG FL 33704 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-0831988 Not Applicable Zio Country Zro Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, A E III Street Address (P.O. Box Number is Not Acceptable) 3901 BAYSHORE BLVD NE ST PETERSBURG FL 33703 Zio Code 8. The above named entity subnists 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, types or printed name of registered attent and title if applicable DATE (NOTE Registered Agent signature tertured when rematating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change 🔲 Addition TITLE ☐ Delete SHE NAME LEE, ROBERT E. III MARAE 11000000481148 STREET ADURESS SCREET AGORESS 3901 BAYSHORE BLVD. N.E. 04/11/06-80019-021 150.00 CITY-ST-ZIP CITY-SI-ZIP SAINT PETERSBURG FL 33703 ☐ Addition 5511.5 🔲 Delete THELE ☐ Change NAME MAIN LEE, ROBERT E IV STREET ADDRESS STREET ADDRESS 1457 54TH AVE. N.E. CITY-ST-27P SAINT PETERSBURG FL 33703 CITY-ST-ZM ☐ Change ☐ Addition Delcte me THE NAME NAME MURRIAN, JAMES TODD STREET ADDRESS STREET ADDRESS 4970 58TH AVE. SOUTH CITY-ST-ZIP CITY-ST-ZIP BAYWAY ISLES FL 33715 ∧ddition Delete ☐ Channe MILE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP ENTY-SI-ZIP Delete ☐ Change Addition 32717 NAME MAME STREET ADDRESS STREET ADDRESS CKY-SC-ZIP CITY-ST-ZIP TITLE C Deicle Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-S1-208

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it changed, or on an attachment with an address, with all other like empowered.

F. Lee III

SIGNATURE:

FILED