


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 278545</b> 1. Entity Name <b>LEE CHEMICAL CORPORATION</b>	
---	---

Principal Place of Business <b>2800 TAFT AVE ORLANDO FL 32804</b>	Mailing Address <b>2800 TAFT AVE ORLANDO FL 32804</b>
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1035414</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HACKLEY, ROBLEY H II 823 CHESTNUT STREET CLERMONT FL 34711</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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																	
<table border="1"> <tr> <td>NAME</td> <td>PD HACKLEY II, ROBLEY H</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>823 CHESTNUT ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> </table>	NAME	PD HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete	STREET ADDRESS	823 CHESTNUT ST		CITY-STATE-ZIP	CLERMONT FL 34711		<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME	PD HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete																	
STREET ADDRESS	823 CHESTNUT ST																		
CITY-STATE-ZIP	CLERMONT FL 34711																		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td>VD HACKLEY II, ROBLEY H</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>823 CHESTNUT ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> </table>	NAME	VD HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete	STREET ADDRESS	823 CHESTNUT ST		CITY-STATE-ZIP	CLERMONT FL 34711		<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME	VD HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete																	
STREET ADDRESS	823 CHESTNUT ST																		
CITY-STATE-ZIP	CLERMONT FL 34711																		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td>ST HACKLEY II, ROBLEY H</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>823 CHESTNUT ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> </table>	NAME	ST HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete	STREET ADDRESS	823 CHESTNUT ST		CITY-STATE-ZIP	CLERMONT FL 34711		<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME	ST HACKLEY II, ROBLEY H	<input type="checkbox"/> Delete																	
STREET ADDRESS	823 CHESTNUT ST																		
CITY-STATE-ZIP	CLERMONT FL 34711																		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			

12. I hereby 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Rob Hackley (ROB HACKLEY) 04/02/07 407-843-6950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #