

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 342128

1. Entity Name
LEE PRINTING, INC.



Principal Place of Business
**1641 LONDON AVE
JACKSONVILLE, FL 32207**

Mailing Address
**1641 LONDON AVE
JACKSONVILLE, FL 32207**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1232903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, DONALD R
1720 RIVER BLUFF RD., N.
JACKSONVILLE, FL 32211**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	LEE, DOROTHY JUNE
STREET ADDRESS	4860 EMPIRE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PD
NAME	LEE, DONALD RAYMOND
STREET ADDRESS	1720 RIVER BLUFF RD., N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	CD
NAME	LEE, ROBERT DARRAL
STREET ADDRESS	2406 FRONTERA CR
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VD
NAME	LEE, RICHARD ANDREW
STREET ADDRESS	1134 SALT CREEK DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80089-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 904-396-5715
Date Daytime Phone #