

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90999 017 \*\*\*150.00

**DOCUMENT # 436610**

1. Entity Name  
**CORN-E-LEE ENTERPRISES, INC.**



Principal Place of Business  
**1201 S.E. 9TH TERRACE  
CAPE CORAL, FL 33990**

Mailing Address  
**1201 S.E. 9TH TERRACE  
CAPE CORAL, FL 33990**

**14015033**



2. Principal Place of Business

3. Mailing Address

01292004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1490400**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNELE, VAUGHN L  
20151 WELBORN RD  
NORTH FORT MYERS, FL 33917**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and date if applicable (If current registered agent signature required when reinstating)

DATE

**ATTACH  
CHECK**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. ☐ Initial Public Offering Financing  
☐ Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete  
NAME **CORNELE, VAUGHN L**  
STREET ADDRESS **20151 WELBORN RD**  
CITY-ST-ZIP **N FT MYERS, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 /

TITLE **DPT** ☒ Change ☐ Addition  
NAME **CORNELE, VAUGHN L**  
STREET ADDRESS **20151 WELBORN RD**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE **DV** ☒ Change ☐ Addition  
NAME **MICHAEL CORNELE**  
STREET ADDRESS **1940 SE 5TH COURT**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **DS** ☒ Change ☐ Addition  
NAME **JEANNE CORNELE**  
STREET ADDRESS **20151 WELBORN RD**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

**4-30-04 12395742414**