

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438550

Entity Name: JAMES E. LEE, INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

110 N POPLAR AVE
PO BOX 1583
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

110 N POPLAR AVE
PO BOX 1583
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-1486761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JAMES E
110 N POPLAR AVE
SANFORD, FL US

Name and Address of New Registered Agent:

LEE, JAMES E
110 N POPLAR AVE
SANFORD, FL 32771 US

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.

SIGNATURE:

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, JAMES E,
Address: 110 N POPLAR AVE
City-St-Zip: SANFORD, FL

Title: STD () Delete
Name: LEE, VIVIAN J,
Address: 110 N POPLAR AVE
City-St-Zip: SANFORD, FL

Title: VD () Delete
Name: LEE, DANNY J,
Address: 110 N POPLAR AVE
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. LEE

PD

08/31/2005

Electronic Signature of Signing Officer or Director

Date