


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 553160 1. Entity Name KATLEE, INCORPORATED	
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Principal Place of Business 362 N.W. BEAL PKY. SUITE 105 FT. WALTON BEACH, FL 32548	Mailing Address P.O. BOX 343 SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1786645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NABORS, JAMES E.
17 LONGWOOD DRIVE
SHALIMAR, FL 32579

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105652 04/07/04-80034-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NABROS, JAMES E. 17 LONGWOOD DRIVE SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GILBERT, CONNIE 29 LONGWOOD DR. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DARNELL, SHARILYN 1 LONGWOOD DR. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____ **3/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #