

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 553160

1. Entity Name
KATLEE, INCORPORATED



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**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/22/07-80079-020 150.00

**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

James E. Nabors 4/30/07 850/651-2066
Date Daytime Phone #