


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674253**  
 1. Entry Name  
 W.C. LEE, INC.



Principal Place of Business 2101 15TH AVE. VERO BEACH, FL 32960	Mailing Address 2101 15TH AVE. VERO BEACH, FL 32960
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2007241	Applied For Not Applicable
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5. Certificate of Status Destroyed  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 CHRISTOPHER C. CAMPIENE  
 80 ROYAL PALA POINTE UNIT 301  
 VERO BEACH, FL 32960

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

U00000118532  
 04/16/04-80089-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, WILLIAM C. 815 32ND AVE. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, NANCY 815 32ND AVE. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, WILLIAM C II 1426 ARTHUR AVE. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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:** *Nancy U. Lee - Nancy U. Lee - Sec. 4/15/04* **772-507-1719**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #