


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 26, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # 674253</b>		
1. Entity 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	



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2007241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

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 4676 BARRETT ST DELRAY BCH, FL 33445
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**

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03/06/07-20102-003-150.00

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: *William C. Lee - William C. Lee* 2/16/07 772 567-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #