## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90054 012 \*\*\*150.00

DOCUMENT # 688096  1. Entity Name FAMLEE INVESTMENT COMPANY						01-30-2006 90054 012 ***150.00				
Principal Plac 7050 AUGUS P. O. BOX 62 ORLANDO, F	TA NATION/ 20365		Mailing Address 7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 ORLANDO, FL 32862			- - -		)8715 		(1 <b>111</b> ) (1 1 <b>21</b> )
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State		4. FEI Number 59-204				plied For t Applicable	
Zip	Country		Zip ·			5. Certificate	of Status Desired		8.75 Add ee Require	
<u> </u>	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32812					Street Address (P.O. Box Number is Not Acceptable)					
					City	<u></u>		FL	Zip Code	9
the obligat	Signature, typed	lered agent.	the purpose of changing its		ed office or registe		h, in the State of Flo		miliar with,	and accept
FIL		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees			kana se	
10.	1 ==	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD LEE,RICH 7050 AUC ORLANDO	GUSTA NAT'L DR	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					4				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/, LORRAYNE L GUSTA NAT'L DR O, FL	☐ Detete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, MICHELLE L GUSTA NAT'L DR O, FL	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	DE EET ADDRESS -ST-ZIP			.***	☐ Change	☐ Addition
12. I hereby a indicated of the corchanged	certify that the on this reporporation or the or on an atte	e information supplied with rt or supplemental report is he receiver or trustee empo achment with an address, x	this filing does not qualify for true and accurate and that owered to execute this repor with all other like empowered	or the ex my signa t as requi	emptions containe ture shall have the ired by Chapter 60	d in Chapter 119 same legal effec 7, Florida Statute	, Florida Statutes. I t as if made under o s; and that my name	further certif ath; that I ar appears in	y that the in n an officer Block 10 or	nformation or director - Block 11 if

Richard T. Lee

1-16-06

407-857-2835 Daytime Phone #