



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90055 013 \*\*\*150.00

<b>DOCUMENT # 688096</b> 1. Entity Name <b>FAMLEE INVESTMENT COMPANY</b>					
Principal Place of Business <b>7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 ORLANDO, FL 32862</b>			Mailing Address <b>7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 ORLANDO, FL 32862</b>		
2. Principal Place of Business - No P.O. Box # <b>6509 Hazeltine National Dr.</b>		3. Mailing Address <b>6509 Hazeltine Nat'l Dr.</b>		  01162008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite 6</b>		Suite, Apt. #, etc. <b>Suite 6</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32822</b>		Zip <b>32822</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-2041290</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32812</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6509 Hazeltine National Drive Suite 6</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/17/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT LEE,KATHLEEN S 7050 AUGUSTA NAT'L DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROW, LORRAYNE L 7050 AUGUSTA NAT'L DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, MICHELLE L 7050 AUGUSTA NAT'L DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Richard T. Lee</b>		1/17/08    407-857-2835 <small>Date    Daytime Phone #</small>	