

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 692280

1. Entity Name

BROTHERS LEE, INC.



Principal Place of Business

120 NO 1ST STREET
C/O PIT CHEONG LEE
LAKE WALES FL 33853

Mailing Address

120 NO 1ST STREET
C/O PIT CHEONG LEE
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2115412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, PIT CHEONG
120 NO 1ST STREET
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TV ☐ Delete
NAME I FONG LEE
STREET ADDRESS 925N LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ Change ☐ Addition
NAME 000000035152
STREET ADDRESS 02/05/04-80105-013 155.00
CITY-ST-ZIP

TITLE PSD ☐ Delete
NAME LEE, PIT CHEONG
STREET ADDRESS 925N LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pit Cheong Lee PIT CHEONG LEE

02-01-04

863-676-2926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #