

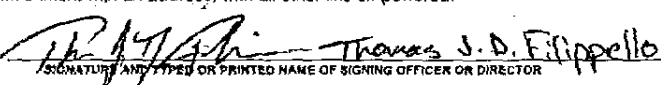


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F27706		
1. Entity Name LEE WETHERINGTON HOMES, INC.		
Principal Place of Business 6009 BUSINESS BLVD SARASOTA, FL 34240		Mailing Address 6009 BUSINESS BLVD SARASOTA, FL 34240
DO NOT WRITE IN THIS SPACE		
		 01062006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2078021		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN STREET SUITE 303 SARASOTA, FL 34237		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		UC00000470091 03/27/06-80029-003 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WETHERINGTON, LELAND C 6009 BUSINESS BLVD SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIE, CECILIA 6009 BUSINESS BLVD SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGER, WILLIAM B 6009 BUSINESS BLVD SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Thomas J. D. Filippello		Date 2/27/06 Daytime Phone # 941-922-3480 x.228