2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2005 08:00 AM Secretary of State DOCUMENT # F31507 1. Entity Name LEE AUTOMOTIVE GROUP INC. Principal Place of Business _Mailing Address % ROBERT E LEE % ROBERT E LEE 541 MARY ESTHER CUTOFF **541 MARY ESTHER CUTOFF** FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2095727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE. ROBERT E DO NOT WRITE 541 MARY ESTHER CUTOFF FT WALTON BEACH, FL 32548 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEE, ROBERT E NAME **用说说明779**14 STREET ADDRESS **541 MARY ESTHER CUROFF** 01/12/05-60006-014 150.00 CITY-ST-7IP FORT WALTON BEACH, FL 32548 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or truetee 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED