

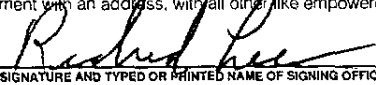


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F34485		
1. Entity Name LEE FINANCIAL AND RETIREMENT SERVICES, INC.		
Principal Place of Business 13535 FEATHER SOUND DRIVE STE 119 CLEARWATER, FL 33762 US	Mailing Address 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762 US	 04012005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2135959 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEE, RICHARD F 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 U00000298896 04/11/05-80084-024 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LEE, RICHARD F 13535 FEATHERSOUND DR STE 119 CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY ST ZIP	DVS LEE, ROBERT L 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/5/05 (727) 572-1416 Date Daytime Phone #