



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 010 ***158.75

DOCUMENT # F34485 1. Entity Name LEE FINANCIAL AND RETIREMENT SERVICES, INC.					
Principal Place of Business 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762 US			Mailing Address 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762 US		
2. Principal Place of Business - No P.O. Box # 2 North Tamiami Trail		3. Mailing Address 2 N. Tamiami Trail			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34236		Country USA		Zip 34236	
Country USA		4. FEI Number 59-2135959			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEE, RICHARD F 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2 North Tamiami Trail Suite 400 City Sarasota FL Zip Code 34236		
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, RICHARD F 13535 FEATHERSOUND DR STE 119 CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2 N. Tamiami Trail Suite 400 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LEE, ROBERT L 13535 FEATHERSOUND DRIVE STE 119 CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2 N. Tamiami Trail Suite 400 Sarasota, FL 34236
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	
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	
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	
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 all other like empowered.					
SIGNATURE:  Robert L. Lee 7/9/2008 941 955 2094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT 40110578

F34485

This postcard came to the house 7/8/08



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0262457 01 AT 0.210 **AUTO T1 0 1208 83715-251185

|||||

LEE FINANCIAL AND RETIREMENT SERVICES, INC.

1965 OCEANVIEW DR

SAINT PETERSBURG FL 33715-2511

* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING *

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **F34485**

LEE FINANCIAL AND RETIREMENT SERVICES, INC.
1965 OCEANVIEW DR
SAINT PETERSBURG FL 33715-2511

Note: This is not a change
to the address of record.