

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65150

FILED
Mar 08, 2004
Secretary of State

Entity Name: TRIPLE J OF LEE COUNTY, INC.

Current Principal Place of Business:

2360 PRINCE ST
P O BOX 7258
FT MYERS, FL 339117258 US

New Principal Place of Business:

2360 PRINCE ST
FORT MYERS, FL 339117258 US

Current Mailing Address:

2360 PRINCE ST
P O BOX 7258
FT MYERS, FL 339117258 US

New Mailing Address:

PO BOX 7258
FORT MYERS, FL 33916 US

FEI Number: 59-2231561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLMANN, PAMELA
2360 PRINCE STREET
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOLLMANN, PAMELA
Address: 11770 ROSEMOUNT DR
City-St-Zip: FORT MYERS, FL 33913

Title: T () Delete
Name: PEASE, ROBERT
Address: 954 BAL ISLE DR
City-St-Zip: FORT MYERS, FL 33919

Title: V () Delete
Name: KOLLMANN, KEVIN
Address: 11770 ROSEMOUNT DR
City-St-Zip: FORT MYERS, FL 33913

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KOLLMANN, PAMELA
Address: 2360 PRINCE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: T (X) Change () Addition
Name: PEASE, ROBERT SR
Address: 2360 PRINCE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: V (X) Change () Addition
Name: KOLLMANN, KEVIN
Address: 2360 PRINCE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: V () Change (X) Addition
Name: PEASE, ROBERT JR
Address: 2360 PRINCE STREET
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA KOLLMANN

P

03/08/2004

Electronic Signature of Signing Officer or Director

Date