


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F65150</b> 1. Entity Name TRIPLE J OF LEE COUNTY, INC.	
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Principal Place of Business 2360 PRINCE ST FORT MYERS, FL 33911-7258 US	Mailing Address PO BOX 7258 FORT MYERS, FL 33916 US
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2231561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KOLLMANN, PAMELA  
2360 PRINCE STREET  
FORT MYERS, FL 33916

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000262974 03/14/05-80076-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KOLLMANN, PAMELA 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEASE, ROBERT SR 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLLMANN, KEVIN 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEASE, ROBERT JR 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Pamela Kollman 3/9/05 239-337-2177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #