

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90060 049 \*\*\*150.00

**DOCUMENT # F84059**

1. Entity Name  
**LEEVISTA, INC.**



Principal Place of Business  
**7050 AUGUSTA NATIONAL DRIVE  
P. O. BOX 620365  
ORLANDO, FL 32862**

Mailing Address  
**7050 AUGUSTA NATIONAL DRIVE  
P. O. BOX 620365  
ORLANDO, FL 32862**

**40002987**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-2204820**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, RICHARD T  
7050 AUGUSTA NATIONAL DRIVE  
ORLANDO, FL 32822**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEE, RICHARD T.  
STREET ADDRESS 7050 AUGUSTA NAT'L DR  
CITY-ST-ZIP ORLANDO, FL

TITLE VTD ☐ Delete  
NAME LEE, KATHLEEN S.  
STREET ADDRESS 7050 AUGUSTA NAT'L DR  
CITY-ST-ZIP ORLANDO, FL

TITLE VD ☐ Delete  
NAME BARROW, LORRAYNE L.  
STREET ADDRESS 7050 AUGUSTA NAT'L DR  
CITY-ST-ZIP ORLANDO, FL

TITLE V ☐ Delete  
NAME WAUGH, MICHELLE L.  
STREET ADDRESS 7050 AUGUSTA NAT'L DR  
CITY-ST-ZIP ORLANDO, FL

TITLE V ☐ Delete  
NAME LEE, THOMAS G. II  
STREET ADDRESS 7050 AUGUSTA NAT'L DR  
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME JOHNSON, MICHELLE L.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

**RICHARD T. LEE**

**1-06-2005**

**407-857-2835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #