2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90229 043 ***150.00

DOCUMENT # F88633

1. Entity Name
LEE ARNOLD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
17757 US 19 NORTH STE 275 CLEARWATER, FL 33764	17757 US 19 NORTH STE 275 CLEARWATER, FL 33764

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2199808 — Applied For / Not Applicable

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
SAMPSON, RUSSELL S 4350 W. CYPRESS ST. STE 300 TAMPA, FL 33607	Name: Arnold, Lee E. Street Address (P.O. Box Number is Not Acceptable): 17757 US Hwy 19 N., Suite 275 City: Clearwater FL Zip Code: 33764

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: Secretary/CEO 4-27-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARNOLD, LEE E., JR	NAME	
STREET ADDRESS	17757 US 19 NORTH	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUFFY, PAT	NAME	
STREET ADDRESS	17757 US 19 NORTH	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Morris, Susan
STREET ADDRESS		STREET ADDRESS	201 Woodlake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Maitland, FL 32751
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Sullivan, Matt
STREET ADDRESS		STREET ADDRESS	1003, Oakdale Street
CITY-ST-ZIP		CITY-ST-ZIP	Windermere FL 34786
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Lippak, Karl T.
STREET ADDRESS		STREET ADDRESS	12984 Beacon Cove Lane
CITY-ST-ZIP		CITY-ST-ZIP	FT Myers FL 33919
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Mounce, John P.
STREET ADDRESS		STREET ADDRESS	6890 Marbrook CT.
CITY-ST-ZIP		CITY-ST-ZIP	FT Myers, FL 33919

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: 4-27-04 727-442-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #