

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # F94269</b><br>1. Entity Name<br><b>LEE RANCH, INC.</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>%C. DAVID LEE<br/>6235 LAKE CHARM CIR.<br/>OVIEDO, FL 32765 US</b>   |  |  |  | Mailing Address<br><b>%C. DAVID LEE<br/>6235 LAKE CHARM CIR.<br/>OVIEDO, FL 32765 US</b>   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State   |  | City & State   |  | 07292004    Chg-P    CR2E034 (10/03)   |  |
| Zip    Country   |  | Zip    Country   |  | 4. FEI Number<br><b>59-2206986</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEE, C. DAVID<br/>6235 LAKE CHARM CIR.<br/>OVIEDO, FL 32765</b>  |  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DV<br><b>LEE, ROBERT E JR.<br/>3700 CURRYVILLE ROAD<br/>CHULUOTA, FL</b>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><div style="text-align: center;"> <b>U000000169797</b><br/> <b>08/09/04-80011-012 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>LEE, JOHN B<br/>1685 VAN ARSDALE STREET<br/>OVIEDO, FL</b>         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DST<br><b>LEE, C. DAVID<br/>6235 LAKE CHARM CIRCLE<br/>OVIEDO, FL</b>      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br><b>LEE, RICHARD H<br/>1055 BRUMLEY ROAD<br/>CHULUOTA, FL</b>         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>JARVIE, PATRICIA L<br/>3695 SUSSEX COURT<br/>MILLEDGEVILLE, GA</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 118.07(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 |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>C. David Lee</u> <b>8/4/04</b> <b>321-303-2828</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |  |  |  |  |  |