


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F94269 1. Entity Name LEE RANCH, INC.	
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Principal Place of Business
**%C. DAVID LEE
6235 LAKE CHARM CIR.
OVIEDO, FL 32765 US**

Mailing Address
**%C. DAVID LEE
6235 LAKE CHARM CIR.
OVIEDO, FL 32765 US**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, C. DAVID
6235 LAKE CHARM CIR.
OVIEDO, FL 32765**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	LEE, ROBERT E JR.
STREET ADDRESS	3700 CURRYVILLE ROAD
CITY - ST - ZIP	CHULUOTA, FL
TITLE	D
NAME	LEE, JOHN B
STREET ADDRESS	1685 VAN ARSDALE STREET
CITY - ST - ZIP	OVIEDO, FL
TITLE	DST
NAME	LEE, C. DAVID
STREET ADDRESS	6235 LAKE CHARM CIRCLE
CITY - ST - ZIP	OVIEDO, FL
TITLE	DP
NAME	LEE, RICHARD H
STREET ADDRESS	1055 BRUMLEY ROAD
CITY - ST - ZIP	CHULUOTA, FL
TITLE	D
NAME	JARVIE, PATRICIA L
STREET ADDRESS	3695 SUSSEX COURT
CITY - ST - ZIP	MILLEDGEVILLE, GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/23/06-80041-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

Daytime Phone #