


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94269</b> 1. Entity Name <b>LEE RANCH, INC.</b>		
Principal Place of Business <b>%C. DAVID LEE 6235 LAKE CHARM CIR. OVIEDO, FL 32765 US</b>	Mailing Address <b>%C. DAVID LEE 6235 LAKE CHARM CIR. OVIEDO, FL 32765 US</b>	



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>LEE, C. DAVID 6235 LAKE CHARM CIR. OVIEDO, FL 32765</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 After May 1, 2008 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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE, ROBERT E JR. 3700 CURRYVILLE ROAD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOHN B 1685 VAN ARSDALE STREET OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEE, C. DAVID 6235 LAKE CHARM CIRCLE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, RICHARD H 1055 BRUMLEY ROAD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIE, PATRICIA L 3695 SUSSEX COURT MILLEDGEVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000820345  
02/18/08-80025-002 150.00

**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:** C. David Lee **C. David Lee** 2/5/08 **407-365-3239**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #