

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94269

Entity Name: LEE RANCH, INC.

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2206986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: LEE, ROBERT E JR.  
Address: 3700 CURRYVILLE ROAD  
City-St-Zip: CHULUOTA, FL

Title: D ( ) Delete  
Name: LEE, JOHN B  
Address: 1685 VAN ARSDALE STREET  
City-St-Zip: OVIEDO, FL

Title: DST ( ) Delete  
Name: LEE, C. DAVID  
Address: 6235 LAKE CHARM CIRCLE  
City-St-Zip: OVIEDO, FL US

Title: DP ( ) Delete  
Name: LEE, RICHARD H  
Address: 1055 BRUMLEY ROAD  
City-St-Zip: CHULUOTA, FL

Title: D ( ) Delete  
Name: JARVIE, PATRICIA L  
Address: 3695 SUSSEX COURT  
City-St-Zip: MILLEDGEVILLE, GA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DAVID LEE

TREA

02/03/2009

Electronic Signature of Signing Officer or Director

Date