2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED		
DOCUMENT # G17808 1. Entity Name JACK LEE ASSOCIATES, INC.				Apr 07, 2004 08:00 AM Secretary of State			
Principal Place of Business Mailing Address 1863 OAKDALE LANE N 1863 OAKDALE LANE N CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US			ıs				
D	O NOT WRITE	CE	03242004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2252069 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	8. Name and Address of Current (D. DALE LANE N ITER, FL 33764	DO NOT WRITE IN THIS SPACE					
the obligat SIGNATURE_ FILL After Ma	named entity submits this statement fo ions of registered agent. Signature, typed or printed name of registered agent E NOWIII FEE IS \$150,00 ay 1, 2004 Fee will be \$550.	end size if applicable. (NOTE Register 9. Election Campaign Fina Trust Fund Contribution.	ed Agent signature require			DATE 104979 80005-021 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P LEE, JACK D 1863 OAKDALE LANE N CLEARWATER, FL ST LEE, ELEANOR 1863 OAKDALE LN. N. CLEARWATER, FL	DIRECTORS			. <u>.</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-67-ZIP TITLE NAME STREET ADDRESS CITY-57-ZIP					-		
12. I hereby c		This filing close not qualify for the exc s true and accurate and that my signa owered is execute this report as requ with all other like empowered.	iture shall have the ired by Chapter 60	ection 119.07(3)(e same legal effec 7, Florida Statute	I), Florida Statutes. I fi t as if made under ca s; and that my name of 4/5/64	uther certify that the information th; that I am an officer or director appears in Block 10 or Block 11 if (127) 536-9706 Joyane Phone 6	

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