

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 027 ***150.00

DOCUMENT # G23417

1. Entity Name
LEE'S PAINTING AND CARPENTRY, INC.



Principal Place of Business

**5284 TIFFANY CT.
CAPE CORAL, FL 33904**

Old Address

Mailing Address

**5284 TIFFANY CT.
CAPE CORAL, FL 33904**

Old Address

2. Principal Place of Business - No P.O. Box #

1779 EMERALD COVE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

1779 EMERALD COVE CIRCLE
Suite, Apt. #, etc.

20006198



01152007 Chg-P CR2E034 (12/06)

City & State

CAPE CORAL, FL

Zip
33991

Country
US

City & State

CAPE CORAL FL

Zip
33991

Country
US

4. FEI Number
59-2274074

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHUCK, LEON
5284 TIFFANY CT.
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **SHUCK, LEON**
Street Address (P.O. Box Number is Not Acceptable)

1779 EMERALD COVE CIRCLE
City **CAPE CORAL** FL **33991**

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 *Leon Shuck*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 24 07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHUCK, WILLIAM L	
STREET ADDRESS	410 NW 14TH TER.	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHUCK, WILLIAM, LEE	
STREET ADDRESS	5284 TIFFANY CT.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADMINISTRATIVE OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUCK, LEON	
STREET ADDRESS	1779 EMERALD COVE CIRCLE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Leon Shuck* **LEON SHUCK** **Feb 24 07 239542 3129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #