

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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 #

3. Mailing Address

1779 Emerald Cove Circle  
Suite, Apt. #, etc.

1779 Emerald Cove Circle  
Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL  
33991

CAPE CORAL, FL  
33991

Country

Country

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 Zip Code *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)

DATE *Feb 24 07*

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUCK, WILLIAM L 410 NW 14TH TER. CAPE CORAL, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHUCK, WILLIAM, LEE 5284 TIFFANY CT. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATIVE OFFICER <i>SHUCK, LEON</i> 1779 EMERALD COVE CIRCLE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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

03-14-2007 90040 027 \*\*\*150.00

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01152007 Chg-P CR2E034 (12/06)