


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # G25887 <small>1. Entity Name</small> LEE'S SHEET METAL & AIR CONDITIONING, INC.	
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<small>Principal Place of Business</small> 2 MASTERS ST. PO BOX 756 EAST PALATKA, FL 32131-0756	<small>Mailing Address</small> 2 MASTERS ST. PO BOX 756 EAST PALATKA, FL 32131-0756
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03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-2258084	<small>Applied For</small> <input type="checkbox"/> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR. JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees
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04/26/06-80047-017 150.00

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD LEE, JAMES D 2 MASTERS DR. E. PALATKA, FL
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ST LEE, ANNETTE 2 MASTERS DR. E. PALATKA, FL 32131
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

**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: *Annette Lee* **ST ANNETTE LEE 4/4/06 386-3285563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #