

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G73157

1. Entity Name
LEE'S PLAZA, INC.



Principal Place of Business
10754-70 AVE. N.
SEMINOLE, FL 34642 US

Mailing Address
11578 TRADEWINDS BLVD
LARGO, FL 33773 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2365880** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, JAMES W
11578 TRADE WINDS BLVD
LARGO, FL 33773

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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 reinstating) DATE _____

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

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

100000430005
 02/22/06-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LEE, CLIFTON M. JR.
STREET ADDRESS	7590 PINE VALLY LANE
CITY-ST-ZIP	SEMINOLE, FL
TITLE	P
NAME	LEE, JAMES W
STREET ADDRESS	11578 TRADEWINDS BLVD
CITY-ST-ZIP	LARGO, FL
TITLE	S
NAME	LEE, DIANNE L.
STREET ADDRESS	9353 RUSTIC PINES BLVD E
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: James W. Lee **JAMES W. LEE** 2-6-06 727-391-2065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #