


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 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

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2365880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 03/21/08-80003-017 150.00

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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 3-3-08 (727) 391-2065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #