

**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**



02252008 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**

**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: _____
Signature, typed or printed name of registered agent and title, if applicable (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	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 33778

U000000849027
03/21/08-80003-017 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08 (727) 391-2065

Date

Daytime Phone #