

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 011 ***150.00

DOCUMENT # G80180 1. Entity Name LEES DEVELOPMENT COMPANY, INC.					
Principal Place of Business 1300 SOUTH STATE ST. BUNNELL FL 32110 US			Mailing Address P O BOX 159 P O BOX 159 BUNNELL FL 32110-747 US		
2. Principal Place of Business 155 VALENCIA AVE,		3. Mailing Address P.O. Box 510			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OAK HILL, FL		City & State OAK HILL, FL		4. FEI Number 59-2359378	
Zip 32759		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEES, GEORGE R. 1300 SOUTH STATE ST. BUNNELL FL 32110			7. Name and Address of New Registered Agent Name LEES, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 155 VALENCIA AVE. City OAK HILL FL Zip Code 32759		
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 <i>George R. Lees</i> GEORGE R. LEES 4-6-05 <small>(Signature typed or printed name of registered agent is not applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TS LEES, GEORGE 3540 JOHN ANDERSON ORMOND BEACH FL 32176-2114 <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <i>George R. Lees</i> 4-6-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					