

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90014 015 ***150.00

DOCUMENT # H20996 1. Entity Name LEE PROPERTIES, INC.					
Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 ORLANDO, FL 32862			Mailing Address 7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 ORLANDO, FL 32862		
2. Principal Place of Business - No P.O. Box # 6509 Hazeltine National Dr. Suite, Apt. #, etc. Suite 6		3. Mailing Address 6509 Hazeltine Nat'l Dr. Suite, Apt. #, etc. Suite 6			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-2469622	
Zip 32822		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6509 Hazeltine National Drive Suite 6 City Orlando FL 32822	
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 _____ DATE 1/17/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, RICHARD T. 7050 AUGUSTA NAT'L DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEE, KATHLEEN S. 7050 AUGUSTA NAT'L DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROW, LORRAYNE L. 7050 AUGUSTA NAT'L DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, MICHELLE L 7050 AUGUSTA NAT'L DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____			Richard T. Lee 1/17/08 407-857-2835 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		