

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H48094

1. Entity Name
LEE SISSON LURES, INC.



Principal Place of Business
**305 MCKEAN STREET
AUBURNDALE, FL 33823**

Mailing Address
**305 MCKEAN STREET
AUBURNDALE, FL 33823**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2522050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SISSON, NORMAN LEE, JR
2551 PARTRIDGE DR
WINTER HAVEN, FL 33884**

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SISSON, NORMAN LEE, JR
STREET ADDRESS 2551 PARTRIDGE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ST
NAME SISSON, LINDA S
STREET ADDRESS 2551 PARTRIDGE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
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CITY-ST-ZIP

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U00000498053
04/22/06-80079-009 150.00

**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: *Lee Sisson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 863 967 4036
Date Daytime Phone #