2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# H94714

Entity Name: CORAL-LEE PROPERTIES, INC.

Current Principal Place of Business:

4406 SE 16 PL
104
CAPE CORAL, FL 33904

New Principal Place of Business:

3743 S. E. 12 PL
CAPE CORAL, FL 33904 US

Current Mailing Address:

PO BOX 100246
CAPE CORAL, FL 33910 US

New Mailing Address:

3743 S. E. 12 PL
CAPE CORAL, FL 33904 US

FEI Number: 59-2632849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JANSON, CLAUDE
4406 SE 16 PL #104
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

JANSON, CLAUDE P
3743 S. E. 12 PL
CAPE CORAL, FL 33904 US

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.

SIGNATURE: CLAUDE JANSON 05/02/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: JANSON, JOHN
Address: 824 47TH STREET #2
City-St-Zip: CAPE CORAL, FL 33904

Title: PT ( ) Delete
Name: JANSON, CLAUDE,
Address: 824 SE 47TH STREET #2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: JANSON, JOHN
Address: 3743 S. E. 12 PL
City-St-Zip: CAPE CORAL, FL 33904

Title: PT (X) Change ( ) Addition
Name: JANSON, CLAUDE P
Address: 3743 S. E. 12 PL
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE JANSON P 05/02/2006
Electronic Signature of Signing Officer or Director Date