


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # J01221		
1. Entity Name G. LEE L. INC.		
Principal Place of Business % GARY L. LOVETTE 426 HWY 98 W. APALACHICOLA, FL 32320	Mailing Address G LEE L INC P.O. BOX 866 APALACHICOLA, FL 32329 US	



03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2656023	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAKER, ROBERT 426 HWY 98 W. APALACHICOLA, FL 32320

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000325022 04/22/05-80114-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAKER, ROBERT P.O. BOX 866, N/A; HIGHWAY 98 W. APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAKER, ROBERT P.O. BOX 866, N/A; HIGHWAY 98 W. APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAKER, LUCILLE A 426 HWY 98 W APALACHICOLA, FL 32320
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Robert Saker Robert Saker 4/18/05 (850) 653-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #