

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90221 020 ***150.00

DOCUMENT # J11045

1. Entity Name

LEE'S SERVICES INC



Principal Place of Business

2286 SPRINGWOOD CR. W.
CLEARWATER FL 33763
US

Mailing Address

2286 SPRINGWOOD CR. W.
CLEARWATER FL 33763
US

50019931



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2811 Tanglewyde DR

Suite, Apt. #, etc.

3. Mailing Address

2811 Tanglewyde DR

Suite, Apt. #, etc.

City & State

LAND-O-LAKES FL

City & State

LAND-O-LAKES FL

4. FEI Number

59-2676548

Applied For

Not Applicable

Zip

34638

Country

PASCO

Zip

34638

Country

PASCO

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSSET, LEE
2286 SPRINGWOOD CR. W.
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name
GOSSET, LEE

Street Address (P.O. Box Number is Not Acceptable)

2811 Tanglewyde DR

City

LAND-O-LAKES

FL

Zip Code

34638

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

Lee Gosset

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-22-05

DATE

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GOSSET, LEE
STREET ADDRESS 2286 SPRINGWOOD CR. W.
CITY-ST-ZIP CLEARWATER FL 33763 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GOSSET, LEE
STREET ADDRESS 2811 Tanglewyde DR
CITY-ST-ZIP LAND-O-LAKES FL 34638 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Lee Gosset LEE GOSSET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813 909-0390

Daytime Phone #