2004 FOR PROFIT CORPORATION

AMENDED ANNUAL REPORT								er to t rift				
DOCUMENT # J51833 1. Entity Name								FILED				
ED LEE ALUMINUM CONTRACTOR, INC.												
Principal Place of Business				Mailing Address				TALLAHAS	m. Gra SSEE, F	LORIDA		
400 N. CENTRAL AVENUE AVON PARK, FL 33825				4619 STURGEON DR SEBRING, FL 33870					, McL.			
3												9%. 10 10 10 11 11 11 11 11 11 11 11 11 11 11 1
2. Principal Place of Business			3. N	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				06222004	Chg-P	CR2E0	34 (10/03)	
City & State			C	City & State				4. FEI Numbe 59-276				plied For t Applicable
Zip	Country			ip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6:-Name and Address of Current Re				gistered Agent Name				_7. Name and	Address of New R	egistered A	gent	
LEE, JAMES E 4619 STURGEON DR							reet Address (P.O. Box Number is Not Acceptable)					
SEBRI <u>Ň</u> G,						A de		<u> </u>				
ų.						City	·×- ····			FL	Zip Code	•
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												
9. Election Campaign Financing \$5.00 May Be												
Amended AR is \$61.25 Trust Fund Contribution.								ed to Fees				
10.	OFFICERS AND DIRECTORS 11.							ADDITIONS/	CHANGES TO OFF	ICERS AND		
TITLE NAME	PD Delete ITTLE LEE, JAMES E NAM										☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	4619 STURGEON DR STRE SEBRING, FL CITY											220
TITLE	STD Delete IIILE										Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS		1 07/2	00039 0/040101	320 0004	OO1 **61	.25
TITLE	SD XXDelete TITLE						VP				Change	X □ Addition
NAME STREET ADDRESS	LEE, ROBERT D					EET ADDRESS			ard Lee, geon Dr.			
CITY-ST-ZIP						'-ST-ZIP			FL 33870			
TITLE , NAME				☐ Delete	TITL:	i i					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS 7-ST-ZIP						EBIC LAC
TITLE NAME				☐ Delete	TITL	1					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STRI	EET ADDRESS 7-ST-ZIP						
TITLE NAME				☐ Delete	TITL						Change	Addition
STREET ADDRESS					STR	EET ADDRESS						-
12. I hereby	I on this repo	ort or supplemental re	eport is true a	ling does not qualify for	or the exe	emption state	ave the	same legal effect	t as if made under	oath; that I a	am an officer	or director
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: 6/21/04 863.453 6457 SIGNATURE AND TYPED OR PRINTED NAME FLIGNING OFFICER OR DIRECTOR Date Daystrie Phone												