

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J51833

1. Entity Name
ED LEE ALUMINUM CONTRACTOR, INC.



Principal Place of Business
**400 N. CENTRAL AVENUE
AVON PARK, FL 33825**

Mailing Address
**4619 STURGEON DR
SEBRING, FL 33870**



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2765452 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, JAMES E
4619 STURGEON DR
SEBRING, FL 33870**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, JAMES E
STREET ADDRESS	4619 STURGEON DR
CITY-ST-ZIP	SEBRING, FL
TITLE	STD
NAME	LEE, ELLEN M
STREET ADDRESS	4619 STURGEON DR
CITY-ST-ZIP	SEBRING, FL
TITLE	VP
NAME	LEE, JAMES E JR
STREET ADDRESS	4619 STURGEON DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/20/05-80005-019 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen M. Lee* **Ellen M Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #