


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J64975 1. Entity Name LEE'S DRAGON, INC.			
Principal Place of Business 5201 BAYMEADOWS RD. JACKSONVILLE, FL 32217		Mailing Address 5201 BAYMEADOWS RD. JACKSONVILLE, FL 32217	
DO NOT WRITE IN THIS SPACE			
		01082004 No Chg-F CR2E034 (10/03)	
		4. FEI Number 59-2802421	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JAMES L 5201 BAYMEADOWS RD. JACKSONVILLE, FL 32217		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, YOOK KUT 5201 BAYMEADOWS ROAD JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, HUNG LUM 5201 BAYMEADOWS RD. JACKSONVILLE, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JAMES L 5201 BAYMEADOWS RD JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, XIAOLI LIN 5201 BAYMEADOWS RD JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			