

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 040 ***150.00

DOCUMENT # J91357

1. Entity Name
LEE SIDE SERVICES, INC.



Principal Place of Business
**11934 FAIRWAY LAKES DR
SUITE #3
FT. MYERS, FL 33913 US**

Mailing Address
**11934 FAIRWAY LAKES DR
SUITE #3
FT. MYERS, FL 33913 US**



2. Principal Place of Business

11934 FAIRWAY Lakes Dr

Suite, Apt. #, etc.

Suite #3

City & State

Fort Myers, FL

Zip

33913

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33913

Country

USA

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0005567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOCKERY, SAMUEL
11934 FAIRWAY LAKES DR. #3
STE 2
FT MYERS, FL 33913**

7. Name and Address of New Registered Agent

Name

Samuel E. Dockery

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

11934 Fairway Lakes Dr.

Suite #3

City

Fort Myers,

FL

Zip Code

33913

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

Samuel E. Dockery

Samuel E. Dockery, Pres.

4-25-06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOCKERY, SAMUEL E.	
STREET ADDRESS	11930 FAIRWAY LAKES DRIVE	
CITY-ST-ZIP	FT MYERS, FL 33913	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DOCKERY, PAMELA	
STREET ADDRESS	11930 FAIRWAY LAKES DR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Samuel E. Dockery

Samuel E. Dockery, Pres

4-25-06

239-768-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #