

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90080 046 \*\*\*150.00

**DOCUMENT # K40355**

1. Entity Name  
**VIRGINIA LEE, INC.**



Principal Place of Business

**2905 US HWY 27 N  
SEBRING, FL 33870**

Mailing Address

**2905 U.S. HIGHWAY 27 N.  
SEBRING, FL 33870**

00010000J



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2915132**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**HAYMAKER, VIRGINIA L B  
2905 U.S. HIGHWAY 27 N.  
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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HAYMAKER, VIRGINIA L
STREET ADDRESS	2905 U.S. HWY 27 N.
CITY - ST - ZIP	SEBRING, FL
TITLE	VS
NAME	HAYMAKER, LARRY D.
STREET ADDRESS	2905 U.S. HWY 27 N.
CITY - ST - ZIP	SEBRING, FL
TITLE	VP
NAME	MCPHAIL, DANIEL
STREET ADDRESS	3509 VILLAGE RD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

COULD YOU PLEASE  
REMOVE THE "B"  
AFTER VIRGINIA L.  
IT STOOD FOR MY FORMER  
NAME VIRGINIA L. BOKING  
BUT WAS CHANGED 12/88  
WHEN I MARRIED  
LARRY HAYMAKER.  
THANKS - DFN

**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)(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:** *Virginia L. Haymaker* **VIRGINIA L. HAYMAKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #