


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 003 ***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		
2. Principal Place of Business - No P.O. Box # 3211 LAKEVIEW DR Suite, Apt. #, etc.			3. Mailing Address 3211 LAKEVIEW DR Suite, Apt. #, etc.		
City & State SEBRING FL			City & State SEBRING FL		
Zip 33870		Country USA		4. FEI Number 59-2915132	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYMAKER, VIRGINIA L B 2905 U.S. HIGHWAY 27 N. SEBRING, FL 33870					
7. Name and Address of New Registered Agent Name HAYMAKER, VIRGINIA L. Street Address (P.O. Box Number is Not Acceptable) 3211 LAKEVIEW DR City SEBRING FL Zip Code 33870					
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 <u>Virginia L. Haymaker</u> <u>Virginia L. Haymaker</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYMAKER, VIRGINIA L.		NAME		
STREET ADDRESS	2905 U.S. HWY 27 N.		STREET ADDRESS	3211 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL		CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYMAKER, LARRY D.		NAME		
STREET ADDRESS	2905 U.S. HWY 27 N.		STREET ADDRESS	3211 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL		CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHAIL, DANIEL		NAME		
STREET ADDRESS	3509 VILLAGE RD		STREET ADDRESS	REMOVE COMPLETELY!	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Virginia L. Haymaker</u> <u>Virginia L. Haymaker</u> 1/31/07 863-382-9475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					