2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# K46437

Entity Name: LEE COAST ENTERPRISES, INC.

Current Principal Place of Business:

11451 WELLFLEET DR
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

11451 WELLFLEET DR
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0085287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEAR, SUSAN M
11451 WELLFLEET DR.
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FRAZIER, BENNIE W.,
Address: 308 BAYSHORE DR.
City-St-Zip: CAPE CORAL, FL

Title: PSD ( ) Delete
Name: MCNEAR, SUSAN M.,
Address: 11451 WELLFLEET DR
City-St-Zip: FT MYERS, FL 33908

Title: VP ( ) Delete
Name: FRAZIER, DEBORAH,
Address: 308 BAYSHORE DR.
City-St-Zip: CAPE CORAL, FL

Title: VPD ( ) Delete
Name: CONKLIN, MARGARET
Address: 6241 TIDEWATER ISLAND CIR
City-St-Zip: FT MYERS, FL 33908

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MCNEAR, SUSAN M.,
Address: 11451 WELLFLEET DR
City-St-Zip: FT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: MCNEAR, GARY F
Address: 11451 WELLFLEET DRIVE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MCNEAR P 01/09/2007

Electronic Signature of Signing Officer or Director Date