

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46437

FILED  
Feb 09, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: MCNEAR, GARY F PRES  
Address: 11451 WELLFLEET DR  
City-St-Zip: FT MYERS, FL 33908

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

Title: VPD  
Name: CONKLIN, CRAIG VP  
Address: 6241 TIDEWATER ISLAND CIR  
City-St-Zip: FT MYERS, FL 33908

Title: VP  
Name: MCNEAR, SUSAN M VP  
Address: 11451 WELLFLEET DRIVE  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: GARY F. MCNEAR

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date