2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 4

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # K59656 1. Entity Name 03-21-2006 90010 032 ***150.00 JERRY LEA ASSOCIATES, INC. Principal Place of Business Mailing Address 1200 ARDEN ST 3745 SILVER STAR RD. LONGWOOD FL 32750 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address 4427 Parkbreeze Court Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) <u>Orlando, Fl</u> City & State City & State 4. FEI Number Applied For 59-2928378 Orange Not Applicable 32808 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEA, JERRY M. 1200 ARDEN STREET Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 City Zip Code 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 tale if applicable (NOTE: Registeren Agent signature required when reinstating) DATE FILE NOW!!! FEE'IS \$150.00 (1.1.) 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TILLE ☐ Change Addition NAME LEA, JERRY M. 1200 ARDEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LONGWOOD FL CITY-ST-ZIP ☐ Delete TITLE 1111.6 Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE 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 Section 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.

Jerry M. Lea

JELI

FILED

407.299.4202

Daytime Phone #

03/06/2006

Date