

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90022 031 \*\*\*150.00

**DOCUMENT # K68502**

1. Entity Name  
**FRED LEE & ASSOCIATES, INC.**



Principal Place of Business

% FRED LEE  
505 VIA DELL ORO #202  
ALTAMONTE SPRINGS, FL 32714

Mailing Address

% FRED LEE  
505 VIA DELL ORO #202  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE IN THIS SPACE**

07132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2995993**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEE, FRED  
505 VIA DELL ORO  
#202  
ALTAMONTE SPRINGS, FL 32714

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LEE, FRED
STREET ADDRESS	505 VIA DELL ORO #202
CITY-ST-ZIP	ALTAMONTE SPGS, FL
TITLE	D
NAME	LEE, AURA
STREET ADDRESS	505 VIA DELL ORO 3202
CITY-ST-ZIP	ALTAMONTE SPGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 13, 2005*

Date

*407-788-7820*

Daytime Phone #