

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90033 010 \*\*\*150.00

**DOCUMENT # K88225**

1. Entity Name

CEMETERY PRODUCTS BY LEE, INC.



Principal Place of Business

PO BOX 1870  
LEHIGH ACRES FL 33970

Mailing Address

PO BOX 1870  
LEHIGH ACRES FL 33970

50007232



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1230 TAYLOR LANE EXT

Suite, Apt. #, etc.

3. Mailing Address

1230 TAYLOR LANE EXT

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

Zip 33936

Country

USA

City & State

LEHIGH ACRES FL

Zip

33936

Country

4. FEI Number

65-0122824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOWNS, LEE B  
9705 BAY CREST  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1230 TAYLOR LANE EXT

City

LEHIGH ACRES

FL

Zip Code

33936

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

1-20-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PVS ☐ Delete  
NAME DOWNS, LEE B  
STREET ADDRESS PO BOX 1870  
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE TD ☐ Delete  
NAME DOWNS, LEE B  
STREET ADDRESS PO BOX 1870  
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE V ☐ Delete  
NAME DOWNS, FRANCIS I  
STREET ADDRESS PO BOX 1870  
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1230 TAYLOR LANE EXT  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1230 TAYLOR LANE EXT  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

1-20-05

239 8496686