


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L05506 1. Entity Name LEE'S AUTO SERVICE, INC.					
Principal Place of Business %HERBERT L. TATHAM 5400 KEN ROAD JACKSONVILLE FL 32244			Mailing Address %HERBERT L. TATHAM 5400 KEN ROAD JACKSONVILLE FL 32244		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2972015 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent TATHAM, HERBERT L 5400 KEN ROAD JACKSONVILLE FL 32244				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
*FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATHAM, HERBERT L	NAME	<div style="text-align: center;"> U00000429144 02/21/06-90077-012-150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8060 COLLINS RD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATHAM, BURNICE E.	NAME			
STREET ADDRESS	8060 COLLINS RD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DST <input type="checkbox"/> Delete	TITLE			
NAME	TATHAM JR, HERBERT	NAME			
STREET ADDRESS	8060 COLLINS RD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS			
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS			
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS			
CITY-ST-ZIP	<input type="checkbox"/> Delete	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 1 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Herbert L. Tatham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-8-06 904-759-681 <small>Date Daytime Phone #</small>			