

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24856

Entity Name: LEE FP, INC.

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

9800 S HEALTHPARK DR
SUITE 350
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9800 S HEALTHPARK DR
SUITE 350
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0184989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 HEALTHPARK DR
SUITE 350
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ADAMS, DAN,
Address: 2180 WEST FIRST STREET #212
City-St-Zip: FORT MYERS, FL 33901

Title: S () Delete
Name: CATTI, JOSEPH
Address: 18 CATALPA COURT
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: ANDREW, SHEPPARD
Address: 12800 UNIVERSITY DR #125
City-St-Zip: FORT MYERS, FL 33907

Title: P () Delete
Name: DODSON, DOUG
Address: 9800 S HEALTH PARK DR STE 350
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ADAMS, DANIEL F
Address: 2180 WEST FIRST STREET #212
City-St-Zip: FORT MYERS, FL 33901

Title: SD (X) Change () Addition
Name: CATTI, JOSEPH R
Address: 12995 SOUTH CLEVELAND AVE STE 145
City-St-Zip: FORT MYERS, FL 33907

Title: TD (X) Change () Addition
Name: ANDREW, SHEPPARD W
Address: 12800 UNIVERSITY DR #125
City-St-Zip: FORT MYERS, FL 33907

Title: P (X) Change () Addition
Name: DODSON, DOUGLAS A
Address: 9800 S HEALTH PARK DR STE 350
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL F. ADAMS

C

02/21/2008

Electronic Signature of Signing Officer or Director

Date