

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002415

FILED
Feb 02, 2009
Secretary of State

Entity Name: SPAY - LEE INC.

Current Principal Place of Business:

4450 BUCKINGHAM RD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6577
FT. MYERS, FL 33911 US

New Mailing Address:

FEI Number: 65-0417180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICCOLA, J A
4450 BUCKINGHAM RD
FORT MYERS, FL 33905 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICCOLA, J A
Address: 4450 BUCKINGHAM RD
City-St-Zip: FORT MYERS, FL 33905

Title: STD () Delete
Name: STEWART, SHIRLEY J
Address: 467 KEENAN COURT
City-St-Zip: FT. MYERS, FL 33919

Title: VD () Delete
Name: DOWLING, SUNNY
Address: 1318 SE 13TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Delete
Name: FERRELL, HELEN
Address: 3315 SW 8TH CT
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FERRELL, H. J
Address: 3315 SW 8TH CT
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.A.PICCOLA

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date