

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021205

Entity Name: C. LEE, INC

FILED  
Apr 06, 2004  
Secretary of State

## Current Principal Place of Business:

5224 STATE ROAD 46  
PMB 231  
SANFORD, FL 32771

## New Principal Place of Business:

5224 W. STATE ROAD 46  
PMB 231  
SANFORD, FL 32771

## Current Mailing Address:

5224 STATE ROAD 46  
PMB 231  
SANFORD, FL 32771

## New Mailing Address:

5224 W. STATE ROAD 46  
PMB 231  
SANFORD, FL 32771

FEI Number: 59-3629739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, CHAD D  
8260 VIA BELLA  
SANFORD, FL 32771 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: P ( ) Delete  
Name: LEE, CHAD D  
Address: 8260 VIA BELLA  
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete  
Name: LEE, JAY  
Address: 4995 FAWN RIDGE PL  
City-St-Zip: LAKE FOREST, FL 32771

Title: S ( ) Delete  
Name: BRASHEARS, RICHARD  
Address: 249 N 2ND STREET  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHAD D LEE

P

04/06/2004

Electronic Signature of Signing Officer or Director

Date