


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000058805  
 1. Entity Name  
 LEE L. BRAND, INC.



|   |   |
|---|---|
| Principal Place of Business<br>2833 PHEASANT DRIVE<br>PALM HARBOR, FL 34683 | Mailing Address<br>2833 PHEASANT DRIVE<br>PALM HARBOR, FL 34683 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3650201                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 BRAND, LEE L  
 2833 PHEASANT DRIVE  
 PALM HARBOR, FL 34683

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

|               |                      |                                       |  |
|---------------|----------------------|---------------------------------------|--|
| TITLE<br>D    | NAME<br>BRAND, LEE L | STREET ADDRESS<br>2833 PHEASANT DRIVE | CITY- ST- ZIP<br>PALM HARBOR, FL 34683 |
| TITLE<br>NAME | STREET ADDRESS       | CITY- ST- ZIP                         |  |
| TITLE<br>NAME | STREET ADDRESS       | CITY- ST- ZIP                         |  |
| TITLE<br>NAME | STREET ADDRESS       | CITY- ST- ZIP                         |  |
| TITLE<br>NAME | STREET ADDRESS       | CITY- ST- ZIP                         |  |
| TITLE<br>NAME | STREET ADDRESS       | CITY- ST- ZIP                         |  |

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 04/29/06-80064-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/06 Daytime Phone #: 727-736-6088