


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 018 ***150.00

DOCUMENT # P00000099981			
1. Entity Name WILLIAM P. LEE PAINTING, INC.			
Principal Place of Business 6005 N. WEKHAM RD. M4 MELBOURNE FL 32940 US		Mailing Address PO BOX 500148 MALABAR FL 32950	
2. Principal Place of Business 1261 KNECHT RD NE.		3. Mailing Address	
Suite, Apt. #, etc. PALMBAY FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32905	Country BREVARD	Zip	Country
6. Name and Address of Current Registered Agent LEE, WILLIAM P 3018 EDGEWOOD DR NE PALM BAY FL 32905		7. Name and Address of New Registered Agent Name: WILLIAM P. LEE Street Address (P.O. Box Number is Not Acceptable) 1261 KNECHT RD. N.E. City: PALMBAY FL Zip Code: 32905	
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: WILLIAM P. LEE PRESIDENT William P. Lee 2/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WILLIAM 3018 EDGEWOOD DR NE PALM BAY FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIBAL, PAUL 2271 COGAN RD PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS H. PRAY JR. 1497 BREEZE LN. MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, KEN 246 HARVOR DR E SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TODD L. FAIRCLOTH 131 DISTRICT ST. SE. PALM BAY, FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.			
SIGNATURE: William P. Lee		2/25/04 321 984-2725	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E034 (11/03)