

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000101000

1. Entity Name
LEE CORPORATION



FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place of Business
1403 EAST SR 44
WILDWOOD, FL 34785

Mailing Address
1403 EAST SR 44
WILDWOOD, FL 34785



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAJMY, JOSEPH L
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000578202
01/09/07 00020 001 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, NELLILE
STREET ADDRESS	1403 EAST SR 44
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	LEE, SHERILYN
STREET ADDRESS	PO BOX 1620
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	MILLER, VERNELL LEE
STREET ADDRESS	8029 SE 12TH COURT
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE:

Sherilyn Lee *Sherilyn Lee* 1-4-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #