

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-26-2004 90007 031 ***150.00

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DOCUMENT # P00000113347 1. Entity Name D LEE CONSTRUCTION, INC.			
Principal Place of Business 22812 BUCCANEER LANE CUDJOE KEY, FL 33042		Mailing Address 22812 BUCCANEER LANE CUDJOE KEY, FL 33042	
2. Principal Place of Business 3000 N. University Dr. Suite, Apt. #, etc. Suite E City & State Coral Springs, Fl. Zip Country 33065 USA		3. Mailing Address P.O. Box 771210 Suite, Apt. #, etc. City & State Coral Springs, Fl. Zip Country 33077-1210 USA	
4. FEI Number 65-1064681		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAPES, DAVID 22812 BUCCANEER LANE CUDJOE KEY, FL 33042		7. Name and Address of New Registered Agent Name David Mapes Street Address (P.O. Box Number is Not Acceptable) 3000 N. University Drive Suite E City Coral Springs FL Zip Code 33065	
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 <u><i>X David Mapes</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>8/7/04</i></u>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 PTSD MAPES, DAVID 22812 BUCCANEER LANE CUDJOE KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD Mapes, David 3000 N. University Dr, Ste. E Coral Springs, FL. 33065	<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
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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: <u><i>X David Mapes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>8/7/04</i></u> <small>Date</small>	<u><i>305-745-4211</i></u> <small>Daytime Phone #</small>