

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90008 012 \*\*\*158.75

**DOCUMENT # P00000115385**

1. Entity Name

COMPOSITES UNLIMITED, INC.



Principal Place of Business

300-50 INDUSTRIAL PARK BLVD  
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 22  
GRANT FL 32949

2. Principal Place of Business

300 Industrial Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebastian FL

City & State

Zip

32958

Country

Indian River

Zip

Country

4. FEI Number

59-3686356

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD SUITE 505  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEE, DAVID	
STREET ADDRESS	1265 GRANT ROAD	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	LEE, MARY DAPHNE	
STREET ADDRESS	1265 GRANT ROAD	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	AV	<input type="checkbox"/> Delete
NAME	LEE, RICHARD D	
STREET ADDRESS	1663 DOZIER CIRCLE SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	AV	<input type="checkbox"/> Delete
NAME	LEE, JASON M	
STREET ADDRESS	2846 DIGBY RD. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AV	
STREET ADDRESS	LEE, JASON M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4672 Crew Circle #2	
	Melbourne FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Mary Daphne Lee Mary Daphne Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-05 772-388-9621

Date

Daytime Phone #