


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-23-2004 90258 002 ***150.00

DOCUMENT # P01000010280 1. Entity Name LEE LEWIS HOLDINGS INCORPORATED					
Principal Place of Business 5945 TARPON GARDENS CIRCLE UNIT-201 CAPE CORAL, FL 33914			Mailing Address 5945 TARPON GARDENS CIRCLE UNIT-201 CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc. unit 202		3. Mailing Address Suite, Apt. #, etc. unit 202			
City & State City CAPE CORAL State FL		City & State City CAPE CORAL State FL			
Zip 33914		Zip 33914		Country USA	
4. FEI Number 52-2305758					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEE CHARLES J 4902 SKYLINE BLVD 5900 Tarpon Garden Cir CAPE CORAL, FL 33914 #202					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____					
8. The above named entry 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 <i>Charles J Lee</i> DATE 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
TITLE	D	NAME LEE, CHARLES J	<input type="checkbox"/> Delete		
STREET ADDRESS		4902 SKYLINE BLVD			
CITY - ST - ZIP		CAPE CORAL, FL 33914			
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
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STREET ADDRESS					
CITY - ST - ZIP					
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		NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP		5900 Tarpon Garden Circle #202	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: <i>Charles J Lee</i> President DATE 5-10-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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