## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

**SIGNATURE:** 

## Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # P01000093638** 1. Entity Name H. GREG LEE, P.A. Mailing Address Principal Place of Business 2014 FOURTH STREET 2014 FOURTH STREET SARASOTA, FL 34237 SARASOTA, FL 34237 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-1140961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8 Fee Required 6. Name and Address of Current Registered Agent LEE, H. GREG DO NOT WRITE 2014 FOURTH STREET SARASOTA, FL 34237 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 red agent and title if applicable (NOTE Registered Agent signature required when reinstalling) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D LEE, H. GREG NAME STREET ADDRESS 2014 FOURTH STREET CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME U00000184185 01/20/05-80020-021 158.7**5** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath, 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 an address, with a figher like empowered.

NATED NAME OF SIGNING OFFICER OR DIRECTOR

FILED