2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120992

Entity Name: LEE MEAD, INC.

Name:

Address:

City-St-Zip:

BIAGI, CAROLYN

651 CAROLYN AVE

LITTLE TORCH KEY, FL 33042

FILED Apr 30, 2008 Secretary of State

Current P	rincipal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
2918 BUS TAMPA, F	CH LAKE BL L 33614	VD			
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
2918 BUS TAMPA, F	CH LAKE BL L 33614	VD			
FEI Number	: 01-0612122	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agen	t: Name and Address of	Name and Address of New Registered Agent:	
TAMPA, F The above	CH LAKE BL L 33614	JS	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
Election Car		onic Signature of Registered ing Trust Fund Contribution ().	1 Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PV NOHE, LEE 500 S. BELC LARGO, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	BIAGI, RICHA 651 CAROLN		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title [.]	Т	() Delete	Title· () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEE NOHE P 04/30/2008