

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000013766 1. Entity Name BOBBY LEE ALUMINUM INC		
Principal Place of Business P.O.BOX 855 AVON PARK, FL 33826-0855	Mailing Address P.O.BOX 855 AVON PARK, FL 33826-0855	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEE, ELIZABETH A 1925 N HARTMAN RD AVON PARK, FL 33825		DO NOT WRITE 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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. Filing Fee 15/06/06-80137-010 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Elizabeth Lee</i> 4-21-06 8634532543 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0386029	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	