


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90215 015 ***158.75

DOCUMENT # P02000026820
 1. Entity Name
LEE BUSINESS SYSTEMS, INC.




Principal Place of Business
 2232 SW 44TH ST.
 CAPE CORAL, FL 33914

Mailing Address
 2232 SW 44TH ST.
 CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

001586



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0565215

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, SYLVESTER
 2232 SW 44TH ST.
 CAPE CORAL, FL 33914

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SYLVESTER 2232 SW 44TH ST. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, ANGELA V 2232 SW 44TH ST. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTITY LEE 2232 SW 44TH ST. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sylvester Lee SYLVESTER LEE 04/24/2005 (339) 945-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #