
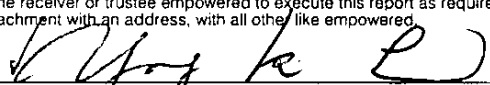


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90020 015 ***150.00

DOCUMENT # P02000039568					
1. Entity Name LEE'S COMMERCIAL SERVICE, INC.					
Principal Place of Business 10484 3RD STREET N ST. PETERSBURG, FL 33716			Mailing Address 10484 3RD STREET N ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20766 GREAT LAUREL AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FL		4. FEI Number 04-3648176	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		05082007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEE, YONG K 10484 3RD STREET N ST. PETERSBURG, FL 33716			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, YONG K <input type="checkbox"/> Delete 10484 3RD STREET N ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20766 Great Laurel Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					