

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90066 032 \*\*\*150.00

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03232005 Chg-P CR2E034 (10/03)

4. FEI Number **01-0687359** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

## 7. Name and Address of New Registered Agent

Name **William S. LEE**  
Street Address (P.O. Box Number is Not Acceptable) **3066 LANDMARK BLVD. #1305**  
City **Palm Harbor** FL **34684**

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 *William S. Lee VP.* DATE **3/24/05**  
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	PTD	<input type="checkbox"/> Delete
NAME	LEE, EMILY J	
STREET ADDRESS	2424 MADRID AVENUE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LEE, WILLIAM F	
STREET ADDRESS	3066 LANDMARK BLVD. S-1385	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, KRISTEN	
STREET ADDRESS	3066 LANDMARK BLVD. S. 1305	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ROBERT	
STREET ADDRESS	2066 LANDMARK BLVD. S. 1305	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGLEY, KRISTA	
STREET ADDRESS	3066 LANDMARK BLVD 2-1305	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emily J. LEE	
STREET ADDRESS	3066 LANDMARK BLVD. #1305	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM S. LEE	
STREET ADDRESS	3066 LANDMARK BLVD. #1305	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTEN LEE	
STREET ADDRESS	12610 HORSESHOE BAY CT.	
CITY-ST-ZIP	MIDLOTHIAN, VA. 23114	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LEE	
STREET ADDRESS	12610 HORSESHOE BAY CT.	
CITY-ST-ZIP	MIDLOTHIAN, VA. 23114	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTA DORRIS	
STREET ADDRESS	28A JUSTIN WAY	
CITY-ST-ZIP	JACKSON, NJ. 08527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William S. Lee* DATE **3/24/05** DAYTIME PHONE # **727-781-3656**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR