

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000112415**



1. Entity Name

LEE'S OLDE WORLD PINE, INC.

Principal Place of Business

1211 E 26TH PLACE  
SANFORD FL 32773  
US

Mailing Address

243 FALLEN PALM DRIVE  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2382378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JANET E  
243 FALLEN PALM DRIVE  
CASSELBERRY FL 32707

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, ARCHIE JR	
STREET ADDRESS	243 FALLEN PALM DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEE, JANET E	
STREET ADDRESS	243 FALLEN PALM DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, ARCHIE JR	
STREET ADDRESS	243 FALLEN PALM DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, JANET E	
STREET ADDRESS	243 FALLEN PALM DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000450379  
03/10/06 00004-009 150.00  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Archie Lee Jr.* **ARCHIE LEE JR** 2-21-06 407-330-6222