

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 014 ***150.00

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1. Entity Name
NET LEE SERVICES, INC.



Principal Place of Business
**8361 CHESSMAN COURT
JACKSONVILLE, FL 32244**

Mailing Address
**8361 CHESSMAN COURT
JACKSONVILLE, FL 32244**

50023735

2. Principal Place of Business
8216 Cheryl Ann Lane
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7794
Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
37-1448085

Applied For
Not Applicable

Zip
32244

Country
USA

Zip
32238

Country
USA

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

**HANSON, CARY L
8361 CHESSMAN COURT
JACKSONVILLE, FL 32244**

Name **Hanson, Cary L**

Street Address (P.O. Box Number is Not Acceptable)

8216 Cheryl Ann Lane

City **Jacksonville**

FL

Zip Code **32244**

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

Cary L. Hanson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE **MR.** ☐ Delete
NAME **HANSON, CARY L PRES**
STREET ADDRESS **8361 CHESSMAN COURT**
CITY - ST - ZIP **JACKSONVILLE, FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Mr.** ☒ Change ☐ Addition
NAME **Hanson, Cary L Pres**
STREET ADDRESS **8216 Cheryl Ann Lane**
CITY - ST - ZIP **Jacksonville, Florida 32244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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:

Cary L. Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06

Date

(904) 509-3800

Daytime Phone #