-2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P03000032471 1. Entity Name THE LEE'S CORPORATION OF PALM BEACH Mailing Address Principal Place of Business 113 LUCINA DRIVE HYPOLUXO FL 33462 113 LUCINA DRIVE HYPOLUXO FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 01-0772090 Not Applicat Zip Country Zω Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name MATHEWS, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 1325 SO. CONGRESS AVENUE SUITE 104 **BOYNTON BEACH FL 33462** City 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 acceptance of the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Suprature, typed or printed trame of registered egent and ritio it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 Etection Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Defete TITLE TITLE NAME DEERY, TAMMY L Ŋame | U00000523259 | D5/03/06-80066-016 150.00 STREET ADDRESS 113 LUCINA DRIVE STREET ADDRESS HYPOLUXO FL 33462 CITY-ST-ZIP ☐ Change Addition TITLE Delete THELE NAME HEDGES, SANDRA L MANA STREET ADDRESS STREET ADDRESS 113 LUCINA DRIVE HYPOLUXO FL 33462 CITY-ST-ZIP CITY-S7-21P ☐ Deicte TITLE ☐ Change INTLE NAME STREET AUDRESS STREET ADDRESS DITY ST-ZIP CITY-ST-ZE ☐ Change ET Addition THE ☐ Delete स्सा ६ NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-70 ☐ Change ∏A¹‴ ☐ Delete 73715 3115 NAME NAME STREET ADURESS STREET ADDRESS C((Y+ST-Z)?) CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 effectives 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

PRESIDENT

SIGNATURE

FILED