

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90264 041 ***158.75

DOCUMENT # P03000066466 1. Entity Name GENNIFER LEE, INC.					
Principal Place of Business 1505 NE 6TH PLACE CAPE CORAL, FL 33909				Mailing Address 1505 NE 6TH PLACE CAPE CORAL, FL 33909	
2. Principal Place of Business P.O. Box 151757 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 151757 Suite, Apt. #, etc.			
City & State Cape Coral, FL Zip 33915		City & State Cape Coral, FL Zip 33915		4. FEI Number 20-0110443	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, GENNIFER L 1505 NE 6TH PLACE CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent 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 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TURNER, GENNIFER L 1505 NE 6TH PLACE CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D = Director Turner, Gennifer L. 1505 NE 6th Place Cape Coral, FL 33909	
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	
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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 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: <i>Gennifer A. Turner</i> 2/14/05 (239) 292-0478 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					