2006 FOR PROFIT CORPORATION

FILED Apr 21, 2006 8:00 am

ANNUAL REPORT								Secretary of State					
DOCUMENT # P03000068779 1. Entity Name									04-21-200				
LEE INSURANCE SERVICES, INC.													
Principal Place of Business			Ma	. Mailing Address				QUV	uy-				
527 SW 10 STREET			527 SW 10 STREET				}	·	 •.				
OCALA, FL 34474 US		OCALA, FL 34474											
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2. Principal Place of Business			13 N	Mailing Address									
2. 7 fillolpai (tade of odali less			3. Maining Address							iiii iibiik b iibi i		HUUL 11 (UB)	
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				04152006	Chg-P	CR2E	034 (11/05)		
City & State			С	City & State				4. FE! Number 56-2374			<u> </u>	plied For t Applicable	
Zip	Country		Z	Zip C		Country		5. Certificate of	f Status Desired		\$8.75 Add		
	6. Name	and Address of Curren	t Regist	ered Agent				7. Name and	Address of New	Registered	Agent		
1.55 DAVID D					Name								
LEE, DAVID B 527 SW 10 STREET					Street Addr	ess (F	O. Box Numbe	is Not Acceptab	ole)				
OCALA, FL 34474													
						City				FL	Zip Cod	е	
	named entit	y submits this statement tered agent.	for the po	urpose of changing its	register	ed office or reg	gistere	ed agent, or both	, in the State of F	Porida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and little if	applicable. (NOTE	: Registere	d Agent signature re	equired (when reinstating)		DATE			
	·			0 Florido Como di	C '		A = .						
		FEE IS \$150.00 6 Fee will be \$550	.00	Election Campai Trust Fund Cont			Adde	00 May Be d to Fees					
10.		OFFICERS ANI	D DIREC	TORS	11.			ADDITIONS/0	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
TITLE	PRES			☐ Delete	TITL	····					☐ Change	Addition	
NAME	LEE, DAV	/ID B			NAM	iE							
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NAME STREET ADDRESS CITY-ST-ZIP					TITL: NAM STRE CITY TITL NAM	E E E E E E E E E E E E E E E E E E E							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #