


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -5 AM 10:06

DOCUMENT # P0300078090

1. Entity Name
LEE AND LEE'S CONSTRUCTION, INC.



Principal Place of Business: P.O. BOX 514, JASPER FL 32052, US

Mailing Address: P.O. BOX 514, JASPER FL 32052, US

2. Principal Place of Business: *S/A*

3. Mailing Address: *S/A*

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (4/04)

4. FEI Number: **38-3663008**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEE, JAMES O-SR.
708 SW 3RD ST. 8TH AVE.
JASPER FL 32052**

7. Name and Address of New Registered Agent
Name: *S/A*
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: *James O. Lee Sr.* Date: **8-4-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	LEE, JAMES O SR. <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEE, JAMES O SR.		NAME:	
STREET ADDRESS: P.O. BOX 514		STREET ADDRESS:	
CITY-ST-ZIP: JASPER FL 32052		CITY-ST-ZIP:	
TITLE: VP	LEE, JAMES JR. <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEE, JAMES JR.		NAME:	
STREET ADDRESS: P.O. BOX 514		STREET ADDRESS:	
CITY-ST-ZIP: JASPER FL 32052		CITY-ST-ZIP:	
TITLE: VP	LEE, JAMERSON <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEE, JAMERSON		NAME:	
STREET ADDRESS: P.O. BOX 514		STREET ADDRESS:	
CITY-ST-ZIP: JASPER FL 32052		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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: *James O. Lee Sr.* Date: **8-4-04**

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