

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078259

FILED
Jan 09, 2004
Secretary of State

Entity Name: LEE WALKER & ASSOCIATES CORPORATION

Current Principal Place of Business:

562 NW 46TH ST.
MIAMI, FL 331272673

New Principal Place of Business:

Current Mailing Address:

562 NW 46TH ST.
MIAMI, FL 331272673

New Mailing Address:

FEI Number: 75-3123979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER-WILSON, ANDREA D
2413 NW 65TH ST.
MIAMI, FL 33147

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, LEOLA K
Address: 562 NW 46TH ST.
City-St-Zip: MIAMI, FL 331272673

Title: V () Delete
Name: THONUS, JENNIFER
Address: 9780 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S () Delete
Name: KIRKLAND, ALMA
Address: 219 NW 44TH ST.
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: GRANT, ROSE M
Address: 2430 NW 154TH ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: WALKER, MICHELLE L
Address: 2411 NW 65TH ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOLA K. WALKER

P

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date