

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 045 ***150.00

DOCUMENT # P03000096162

1. Entity Name
LEE'S LAND CLEARING, INC.



Principal Place of Business

P O BOX 355
OAK HILL, FL 32759

Mailing Address

P O BOX 355
OAK HILL, FL 32759

2. Principal Place of Business

130 N. Putnam Grove Rd

3. Mailing Address

P.O. Box 355

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01092004

Chg-P

CR2E034 (10/03)

City & State

Oak Hill FL

City & State

Oak Hill FL

4. FEI Number

200227574

Applied For

Not Applicable

Zip

32759

Country

Volusia

Zip

32759

Country

Volusia

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

6. Name and Address of Current Registered Agent

**LEE, DAVID A
130 N PUTNAM GROVE RD
OAK HILL, FL 32759**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEE, DAVID A**
STREET ADDRESS **P O BOX 355**
CITY-ST-ZIP **OAK HILL, FL 32759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

David A Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-04 356-345-4522