## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 24, 2005 08:00 AM DOCUMENT # P63000107875 **Secretary of State** 1. Entity Name TOMMY C. LEE INC Mailing Address Principal Place of Business 14 OLD OAK DRIVE SOUTH 14 OLD OAK DRIVE SOUTH PALM COAST, FL 32137 PALM COAST, FL 32137 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1164809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, TOMMY C DO NOT WRITE 14 OLD OAK DRIVE SOUTH PALM COAST, FL 32137 IN THIS SPACE 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE U00000191631 LEE, TOMMY C NAME 14 OLD OAK DRIVE SOUTH 01/24/05-80181-010 150.00 STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 TITLE NAME LEE, NANCY STREET ADDRESS 14 OLD OAK DRIVE SOUTH CITY - ST - ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/2 THLE NAME STREET ADDRESS 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 of trustge 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 life empowered

**FILED** 

1-20-2004

Daytima Phone #