## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P03000127937** 

1. Entity Name
JAMES R. LEE ELECTRIC SERVICE, INC.





FILED Mar 27, 2008 08:00 AN Secretary of State

Principal Place of Business

204 SHERMAN AVE PANAMA CITY, FL 32401 Maliing Address

5100 BAYHEAD RD YOUNGSTOWN, FL 32466



03262008 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0365009

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JAMES R 5100 BAYHEAD RD YOUNGSTOWN, FL 32466

## DO NOT WRITE IN THIS SPACE

|   |  |   | ·                       | IN THIS SPACE                  |   |                      |                                       |    |
|---|--|---|-------------------------|--------------------------------|---|----------------------|---------------------------------------|----|
| 8. The above named entity sub<br>the obligations of registered              |  | urpose of changing its regi   | istered office or r     | egistered agent, or b          | oth, in the State of Fi                   | orida. I am familia  | ar with, and accep                    | ot |
| SIGNATURE Signature, typed or print   | ed name of registered agent and title if | f applicable. (NOTE: Reg  | istered Agent signature | o required when reinstating)   |   | DATE                 | · · · · · · · · · · · · · · · · · · · |    |
| FILE NOW!!! FEI<br>After May 1, 2008 Fe                                     | e will be \$550.00                       | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |                         | \$5.00 May Be<br>Added to Fees | U00000871934<br>04/10/08-80018-016 158.75 |                      |                                       |    |
| 10.   | OFFICERS AND DIREC                       | TORS  |                         |                                | ,   |                      |                                       |    |
| TITLE PS LEE, JAMES F STREET ADDRESS 5100 BAYHEA YOUNGSTOW                  | D RD                                     |   |                         |                                | . ,                                       |                      |                                       |    |
| TITLE VT  NAME LEE, RONNIE STREET ADDRESS 5100 BAYHEA CITY-ST-ZIP YOUNGSTOW | DRD ·                                    |   |                         |                                |   |                      |                                       |    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                    |  |   |                         | DO NOT WRITE                   |   |                      |                                       |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  |   |                         | . IN                           | THIS SF                                   | ACE                  |                                       |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  |   | ·                       |                                |   |                      |                                       |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  |   |                         |                                |   |                      |                                       |    |
| 12. I hereby certify that the infor   | metion supplied with this fill           | Ina does not availfy for the  | everations con          | tained in Chapter 11           | C Eigride Statutes I                      | further codification | t the information                     | -  |

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

E :

850-722-142

Daytime Phone #