

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 020 ***150.00

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Chg-P CR2E034 (10/03)

DOCUMENT # <u>P0300014 0734</u>					
1. Entity Name <u>LEE A PAQUETTE INC.</u>					
Principal Place of Business <u>1401 BEACH RD # 303</u> <u>ENGLEWOOD, FL 34223</u>			Mailing Address <u>1401 BEACH RD # 303</u> <u>ENGLEWOOD, FL 34223</u>		
2. Principal Place of Business <u>917 TARTAN DRIVE</u>		3. Mailing Address <u>917 TARTAN DRIVE</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>VENICE FL</u>		City & State <u>VENICE, FL</u>		4. FEI Number <u>86-1087622</u>	
Zip <u>34293</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>PAQUETTE, LEE A</u> <u>1401 BEACH RD # 303</u> <u>ENGLEWOOD, FL 34223</u>		7. Name and Address of New Registered Agent Name <u>PAQUETTE, LEE A</u> Street Address (P.O. Box Number is Not Acceptable) <u>917 TARTAN DRIVE</u> City <u>VENICE</u> FL Zip Code <u>34293</u>			
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 <u>Lee A. Paquette</u> <u>LEE A. PAQUETTE</u> <u>1/25/05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, LEE A 1401 BEACH RD # 303 ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, LEE A 917 TARTAN DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Lee A. Paquette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>01/25/05</u> <u>944-4938894</u> <small>Date Daytime Phone #</small>		