

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000038179

1. Entity Name
LEE PLASTERING, INC.



Principal Place of Business
**10720 1ST AVENUE GULF
MARATHON, FL 33050 US**

Mailing Address
**P.O. BOX 522581
MARATHON SHORES, FL 33052 US**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0796077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D
9711 OVERSEAS HIGHWAY
MARATHON, FL 33050**

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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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1111000420921
02/16/06-80016-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.S
LEE, THOMAS L
P.O. BOX 522581
MARATHON SHORES, FL 33052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FLAGG, GREG
10720 1ST AVENUE GULF
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GASPARDO, RANDY
10720 1ST AVENUE GULF
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Lee, 1/26/06 305481 8362
President

Date

Daytime Phone #